

Determinants and Consequences of Social Support

During and after Women's Return to Work after Maternity Leave

Thesis

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ABSTRACT

In three parts, this thesis explores received social support and the role it plays in the well-being of working mothers and women re-entering the workforce after maternity leave. *Part I* examines whether women returning to work report the same amount of received social support as their partners indicate that they provided, and whether personality, relationship quality, and transition-related beliefs predict the discrepancy between these reports. It analyzes data from 207 women and their partners. As in previous research, received and provided support are only moderately correlated. Whereas personality traits were not related to the discrepancy, couple-related self-efficacy two weeks before return to work predicted a smaller discrepancy one month after re-entry. *Part II* investigates whether emotional, instrumental, informational, and companionship support from the partner predict women's positive and negative affect. It analyzes questionnaires filled out by 292 women two weeks before their return to work and one and two months afterwards. Findings show that received support is positively related to positive affect and negatively related to negative affect and that emotional support has the strongest impact. Influences depend on the timing in the transition, and support decreases after return to work. Fulfilled support expectations have an additional impact on well-being. *Part III* examines how social support in the workplace and at home is related to work-family conflicts. Using cross-sectional questionnaire data from 107 working mothers and mini-longitudinal diary data from a subsample ($n = 69$), it tests two models against each other: The antecedence model, which assumes that the influence of support on work-family conflicts is mediated by strain, and the moderating model, whereby support weakens the relationship between stress and strain. Results partially confirm the antecedence model, depending on the level of analysis, i.e. whether questionnaire or diary data are examined. An *Overall Discussion* integrates the findings and provides ideas for further research.

TABLE OF CONTENTS

INTRODUCTION.....	1
Social Support.....	2
<i>Kinds of Social Support</i>	<i>3</i>
<i>Types of Social Support</i>	<i>4</i>
<i>Predictors of Social Support.....</i>	<i>5</i>
Consequences of Social Support for Well-Being	7
<i>Social Support and Distress.....</i>	<i>8</i>
<i>Sources of Social Support.....</i>	<i>9</i>
<i>Models for the Interplay between Social Support and Well-Being.....</i>	<i>11</i>
Timing of Social Support.....	12
The Context of this Thesis: Return to Work and Working Mothers.....	14
<i>Working Mothers</i>	<i>14</i>
<i>Return to Work after Maternity Leave.....</i>	<i>16</i>
<i>Design of the Studies.....</i>	<i>18</i>
Overview.....	19
PART I:	
DISCREPANCIES BETWEEN PROVIDED AND RECEIVED SUPPORT	21
Abstract.....	22
Social Support.....	23
<i>The Concordance between Provided and Received Social Support.....</i>	<i>24</i>
<i>Determinants of the Discrepancy between Provided and Received Social Support.....</i>	<i>24</i>
1) Support Recipient's Big Five Personality Traits	25
2) Relationship Quality	28
3) Transition-Specific Relationship Beliefs.....	30
Method	31
<i>Participants.....</i>	<i>31</i>
<i>Measures.....</i>	<i>32</i>
Results.....	35
Discussion	37
<i>Strengths and Limitations of the Study</i>	<i>39</i>
<i>Outlook.....</i>	<i>42</i>
PART II:	
SOCIAL SUPPORT, EXPECTATIONS AND AFFECTIVE WELL-BEING	43
Abstract.....	44

<i>Social Support</i>	46
<i>Social Support and Well-Being</i>	47
<i>Expectations</i>	49
Method	52
<i>Participants</i>	52
<i>Measures</i>	53
<i>Drop-out analyses</i>	59
Results.....	60
Discussion	63
<i>Strengths and Limitations of the Study</i>	68

PART III:

SOCIAL SUPPORT AS ANTECEDENT OR MODERATOR OF CONFLICTS.....70

Abstract.....	71
<i>Conservation of Resources and Social Support</i>	72
<i>Work-Family Conflicts</i>	74
<i>Interplay Between Work-Family Conflicts and Social Support</i>	75
<i>Social Support as an Antecedent of Work-Family Conflicts</i>	76
<i>Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts</i>	79
Method	82
<i>Design and Procedure</i>	82
<i>Questionnaire Study</i>	82
Participants.....	82
Measures	83
<i>Questionnaire Study: Results</i>	84
Social Support as an Antecedent to Work-Family Conflicts	84
Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts	85
Questionnaire Study: Post-Hoc Analyses	85
<i>Diary Study: Method</i>	89
Sample.....	89
Measures	89
<i>Diary Study: Results</i>	90
Social Support as an Antecedent to Work-Family Conflicts	93
Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts	93
Diary Study: Time-Lagged Associations	93
Overall Discussion	94
<i>Strengths and Limitations of the Study</i>	96
<i>Outlook</i>	96

OVERALL DISCUSSION	98
Summary and Integration of the Main Findings	98
<i>Part I: Predicting Discrepancies between Provided and Received Support</i>	98
<i>Part II: Support, Unfulfilled Expectations and Affective Well-Being</i>	101
<i>Part III: Support as Antecedent or Moderator of Work-Family Conflicts</i>	102
<i>Social Support from the Partner</i>	104
<i>Gender Differences in Social Support</i>	106
<i>Integration into the Transition Cycle</i>	108
<i>The Interplay of Personal and Social Resources</i>	112
Conclusion	114
REFERENCES.....	117
ZUSAMMENFASSUNG	140
APPENDIX.....	143

LIST OF FIGURES

<i>Figure 1.</i>	Part II. Mean level changes for each form of support (error bars represent standard errors).	63
<i>Figure 2.</i>	Part II. Number of freely listed social support expectations relative to other forms of social support for each measurement point.	67
<i>Figure 3.</i>	Part III. Simplified model of the assumed antecedent (1) and moderator (2) effect of social support of the work and family environment on work-family conflicts.....	79
<i>Figure 4.</i>	Part III. The full model of the antecedence proposition of social support, domain-specific strain and work-family conflicts (questionnaire data).	88
<i>Figure 5.</i>	Part III. The full model of the moderator proposition of social support, domain-specific strain and work-family conflicts (questionnaire data).	88

LIST OF TABLES

Table 1.	<i>Part I. Means, Standard Deviations, Internal Consistencies, and Inter-Correlations for Main Study Variables (N = 207)</i>	33
Table 2.	<i>Part I. Discrepancy between Provided and Received Social Support as Predicted by Personality, Relationship Quality and Transition-Specific Beliefs (Hierarchical Regression Analyses, N = 207)</i>	36
Table 3.	<i>Part II. Means, Standard Deviation, Internal Consistencies, and Inter-Correlations for Main Variables (N₁ = 292, N₂ = 259, N₃ = 228)</i>	54
Table 4.	<i>Part II. Received Social Support from the Partner, Discrepancy between Expected and Received Social Support and Fulfillment of Expectations for Partner Support as Predictors of Affective Well-Being (Hierarchical Regression Analyses, (N₁ = 292, N₂ = 259, N₃ = 228))</i>	61
Table 5.	<i>Part II. Repeated Measures ANOVES of Main Study Variables (N₁ = 292, N₂ = 259, N₃ = 228): Differences between Forms of Received Social Support and Discrepancies at each Measurement Point and Changes over Time in Main Study Variables</i>	64
Table 6.	<i>Part III. Means, Standard Deviations, Internal Consistencies, and Inter-Correlations for Questionnaire Variables (N = 107)</i>	83
Table 7.	<i>Part III. Social Support as an Antecedent of Work-to-Family/Family-to-Work Conflict (Hierarchical Regression Analysis of Questionnaire Variables, N = 107)</i>	86
Table 8.	<i>Part III. Social Support as Moderator of the Relation between Stressors and Work-to-Family/Family-to-Work Conflict</i>	87
Table 9.	<i>Part III. Means, Standard Deviation, Inter-Item Correlation Coefficients, Split-half Reliabilities, and Validity Coefficients of Original Diary Variables, Inter-Correlations of Residuals (n = 69)</i>	91
Table 10.	<i>Part III. Social Support as an Antecedent of Work-to-Family/Family-to-Work Conflict (Hierarchical Regression Analysis of Residual Diary Variables, n = 69)</i>	92
Table 11.	<i>Part III. Cross-Lagged Correlations of Central Residual Diary Variables (n = 69)</i>	94
Table 12.	<i>Overall Discussion. Summary of the Main Results of this Thesis</i>	99

INTRODUCTION

Social relationships are essential to fulfilling the basic human need for affiliation (Baumeister & Leary, 1995; Bowlby, 1980; Deci & Ryan, 2000; Harlow, 1958). They are vital to various indicators of well-being, including happiness, mental health, physical health, and even longevity (Berkman, 1995; Myers, 1999). This thesis addresses one of the most important contributors of social relationships to psychological and physical well-being: social support. According to Baumeister and Leary (1995), a person needs both frequent personal contacts and the belief that others care about his or her welfare. Social support addresses the second, more qualitative facet of social relationships. On a global level, social support can be defined as “acts that demonstrate responsiveness to another’s needs” (Cutrona, 1996b, p. 17). Indeed, social support has repeatedly been found to be associated with increased health and well-being and also reduced morbidity and mortality (e.g., Cohen & Wills, 1985; House, Landis, & Umberson, 1988; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Not surprisingly, interest in the topic is immense – in a recent computer search of the psychological literature, Sarason and Sarason (2006) found more than 21,000 publications dealing with social support. Nevertheless, this research has not always shown the predicted results with numerous studies failed to find the positive associations between social support and psychological and physiological well-being. These associations are more complex than they seemed when research on social support began.

The aim of this thesis is to shed light on the role of social support for psychological well-being in the sample cases of women re-entering working life after maternity leave and working mothers. Social support was repeatedly shown to have time-dependent consequences (e.g., Bolger, Zuckerman, & Kessler, 2000; Kaniasty & Norris, 1993, 1996). Thus, examining support in a transition phase with a predictable starting point keeps timing constant across individuals and allows the time-dependent effects of support to be investigated. The return to

work after maternity leave has been largely overlooked by psychological research – studies on determinants for successful re-entry, at least, are rare.

To achieve its aim, the thesis is divided into three parts. Part I relates the recipients' received social support to the providers' reports and identifies predictors of the discrepancy between these two reports. The other two parts investigate the impact of different types (Part II) and sources (Part III) of received social support on well-being. More specifically, I will address the following questions: Do women report the same amount of *received* social support as their partners indicate as *provided*, and what are the determinants of a discrepancy between these reports from the woman's point of view (Part I)? Do different *types* of social support from the partner predict affective well-being during the transition back to work after maternity leave? And do fulfilled and unfulfilled expectations regarding these types have an additional impact on affect (Part II)? How is social support from different *sources* related to work-family conflicts as one typical conflict in working mothers? Is it an antecedent of conflicts or a moderator of the relationship between strain and conflicts (Part III)?

In the following pages, I will first introduce the concept of social support in more detail, including types and sources of social support that are relevant for this thesis. I will then summarize research on the prediction of support and report consequences and models of social support that are relevant for Parts II and III. I will go on to describe the situation of women returning to work after maternity leave and working mothers and the two studies used for this thesis. Finally, I will give a short overview of the three manuscripts included in this thesis.

Social Support

Whereas “social networks” and “social integration” refer to the structures and quantity of social relationships, social support deals with processes through which these structures develop their impact on health and well-being (House, Umberson, & Landis, 1988;

Schwarzer & Leppin, 1991). In other words, social support refers to the function and quality of relationships and has been defined and operationalized in many ways (e.g., Schwarzer & Leppin, 1991). On a very global level, social support can be defined as “acts that demonstrate responsiveness to another’s needs” (Cutrona, 1996b, p. 17) or as a social resource (Hobfoll, 1989). This implies that social support is a social interaction that includes a “provider” who attempts to help a “recipient” who should benefit from that attempt (see also Dunkel-Schetter & Skokan, 1990; Hobfoll & Stokes, 1988; House, 1981). In the following section, I will describe different *kinds* of support that are related to each other in Part I of this thesis. I will then present different ways to show this “responsivity”, i.e., *types* of social support, which are differentiated in Parts I and II of this thesis.

Kinds of Social Support

Social support differs on the dispositional and situational level. *Perceived support* refers to the perceived, anticipated availability of social support from social networks in times of need. It is considered a relatively stable disposition or personality trait that is less dependent on social interactions. In contrast, *received* and *provided support* depend on actual supportive behavior that occurred during a certain period of time and is assessed retrospectively. Thus, received support is reported by the recipient, whereas provided support is the provider’s report of his helpful attempts (for a meta-analysis see Haber, Cohen, Lucas, & Baltes, 2007; B. R. Sarason, Sarason, & Pierce, 1990). Perceived support only shares 10-25 % of the variance of received support (Dunkel-Schetter & Bennett, 1990). Moreover, how closely these kinds of support are related depends on the context and also on item wording (Newcomb, 1990; Schwarzer, Knoll, & Rieckmann, 2003).

This thesis deals only with received and provided support, because they are based on actual circumstances and are subject to change. Nonetheless, received and provided support are only moderately correlated (e.g., Burkert, Knoll, & Gralla, 2006a), because both are based

on reporting biases or inaccuracy of recipient and/or provider reports (cf. Gagné & Lydon, 2004; Mandemakers & Dykstra, 2008). Thus, discrepancies between these two reports of supportive interactions are not only “methodological noise” and a matter of validity of self-report measures, but rather they contain information about the recipient, provider, and their relationship (Mandemakers & Dykstra, 2008) and are associated with relationship satisfaction, for example (e.g., Gmelch & Bodenmann, 2007). In Part I of this thesis, determinants of these discrepancies are investigated to better understand why recipients do not report the same amount of social support that providers indicated they provided.

In the following section, I will first describe types of social support that are differentiated in Parts I and II of this thesis. Then I will briefly report on predictors of this discrepancy’s elements: received and provided support.

Types of Social Support

Some researchers ask to differentiate social support not only in terms of the perspective of the perceiver vs. the provider and the dispositional vs. the situational level, but also on the basis of the content of the support (Beehr, Jex, Stacy, & Murray, 2000; Carlson & Perrewé, 1999; Schwarzer & Leppin, 1991). The most common typology is the differentiation between emotional, instrumental, and informational support (for a review see Cutrona, 1996b; Schwarzer & Schulz, 2000; Vaux, 1988; Winkeler & Klauer, 2003).

Emotional support includes expressions of love and concern, positive feedback or encouragement to cope with discomfort. *Instrumental support* includes tangible help, e.g., help with household tasks, childcare or providing money or other material resources.

Informational support involves providing information or giving advice and balancing the pros and cons of decisions. In addition to emotional, instrumental, and informational support, this thesis investigates companionship support as a fourth type of social support.

Companionship support refers to shared leisure and quality time spent on recreation or

distraction, thus balancing daily hassles and enhancing well-being (cf. Cohen & Wills, 1985; Lazarus & Folkman, 1984; Rook, 1987b). It differs from the other types in that it focuses more on enjoying each other's company – a qualitatively different aspect of support. Similar phenomena have been described in the literature, for example as “positive social interactions” (Barrera & Ainlay, 1983), “leisure stress coping” (Iwasaki & Mannell, 2000), “social companionship”, or “diffuse support and belongingness” (Cohen & Wills, 1985).

The four types of support are not considered to be independent. For example, it is likely that people with high levels of companionship support also have greater access to other forms of social support (Cohen & Wills, 1985). Nonetheless, different types of support have different predictors and consequences. One reason to differentiate between types of support is to disentangle what way of “express[ing] responsitivity” (Cutrona, 1996b, p. 17) leads to certain consequences.

Predictors of received and provided social support will be briefly summarized in the following section. I will then discuss the consequences of social support for well-being, which are the focus of Parts II and III. Because consequences of social support also depend on the provider (Part III), a brief description of sources of support will follow.

Predictors of Social Support

Received support. Dunkel-Schetter, Folkman, and Lazarus (1987) investigated correlates of received support and found coping to be the strongest correlate. Nevertheless, there were differences between types of support: Problem-focused coping (e.g., Lazarus & Folkman, 1984) and threats to self-esteem related most strongly to emotional support, problem-focused coping, threats to own health and self-esteem were significant predictors of instrumental support, and informational support was best predicted by problem-focused and emotion-focused coping and by threats to self-esteem. Note that whereas problem-focused coping and threats to health were positively associated with social support, emotion-focused

coping and threats to self-esteem were associated with *less* informational support. Additional predictors are gender – because women receive more support than men do – generally being embedded in a social network and having a spouse (Schwarzer et al., 2003).

Provided support. Dunkel-Schetter and Skokan (1990) suggested four groups of predictors of provided support to a partner: stress factors, recipient factors, provider factors, and relationship factors. (1) *Stress factors* include objective features of the situation and appraisals according to Lazarus and Folkman (1984). Schwarzer and Weiner (1991) found that perceived controllability of the stressor elicited support in others. Similarly, the severity of an illness predicts support (Bolger, Foster, Vinokur, & Ng, 1996). (2) *Recipient factors* include distress, coping efforts and resources, with the recipient's distress having been found to elicit support at first but to reduce support over time (e.g., Bolger et al., 1996; Kaniasty & Norris, 1993; Norris & Kaniasty, 1996). Active, problem-solving coping and support seeking increases support, as do resources such as mastery and self-esteem (Bolger et al., 1996; Dunkel-Schetter & Skokan, 1990; Schwarzer & Weiner, 1991). (3) As to *relationship factors*, intimacy and satisfaction with the relationship play an important role, as does the relationship history of support and acceptance and appreciation of support (Dunkel-Schetter & Skokan, 1990). Furthermore, reciprocity is a major determinant of support provision (Cutrona, Hessling, & Suhr, 1997; Gleason, Iida, Bolger, & Shrout, 2003; Knoll, Burkert, & Schwarzer, 2006). (4) Important *provider factors* are attributions regarding controllability of the stressful situation, feelings of responsibility, and the attentional focus on the recipient that involves empathy or perspective taking (Dunkel-Schetter & Skokan, 1990). The *Self-Enhancement Hypothesis* states that people tend to evaluate themselves as better than others (Fiske, 2004; Mandemakers & Dykstra, 2008), thus, providers tend to overestimate their support provision in order to see themselves in a better light. Iida, Seidman, Shrout, Fujita, and Bolger (2008) investigated the influence of these four factors on *emotional* support provision in two dyadic

daily diary studies. Recipients' anxious mood and support providers' positive mood predicted support provision; providers' insecurity in the relationship and their relationship satisfaction also led to more support. Approaching a professional exam was also associated with provided support and led to an association with explicit requests for support and support provision. Results were consistent with the reciprocity norm (Iida et al., 2008).

The next paragraphs focus on the interplay between social support and well-being: First, I will describe the impact of social support on well-being, then I will shortly address differential impacts of support providers on well-being, and finally I will briefly report on models of the interplay between support and well-being and support and work-family conflict.

Consequences of Social Support for Well-Being

Social support contributes to health, faster recovery after surgery, well-being, and is even associated with lower mortality (Berkman, 2000; Cohen & Wills, 1985; Fontana, Kerns, Rosenberg, & Colonese, 1989; House, Landis et al., 1988; King, Reis, Porter, & Norsen, 1993; Kulik & Mahler, 1993; Schwarzer & Leppin, 1991). Emotional support appears to be particularly influential on well-being (Schwarzer et al., 2003). House and colleagues propose that social support exerts its effect on health and well-being via psychological processes, behavior, or microscopic biological processes (House, Umberson et al., 1988). As regards *psychological processes*, they suggest that social support might alter the perception or evaluation of experiences (Lazarus & Folkman, 1984), so that, for example, a critical event is evaluated as less threatening if someone is supported by others. On the other hand, social support might enhance health *behavior*, thus improving health and well-being (House, Umberson et al., 1988), for example by encouraging physical exercise (Schwarzer et al., 2003). This might be mediated by self-efficacy (Duncan & McAuley, 1993). As to *biological processes*, the presence of the spouse in the household decreased the partner's cortisol

concentration (Klumb, Hoppmann, & Staats, 2006), and similarly, the supportive presence of a friend or life partner during a speech is associated with lower cardiovascular activity (Christenfeld, Gerin, Linden, Sanders, & et al., 1997). A review by Uchino (2006) on physiological processes of social support confirms and amends these findings: Studies found links between social support and improved cardiovascular function, e.g., lower ambulatory blood pressure, higher oxytocin levels, lower cortisol responses, and better immune function (Uchino, 2006). In another review, Ditzen and Heinrichs (2007) come to a similar conclusion: Social support reduces physiological stress reactivity by influencing cardiovascular, endocrinal, and immune systems, particularly under heightened stress.

Social Support and Distress

Nevertheless, previous research on the relationship between social support and well-being or health has provided inconsistent results, and in some studies received social support was even associated with enhanced distress (e.g., Bolger et al., 2000; Liang, Krause, & Bennett, 2001; Sarason et al., 1990; Shrout, Herman, & Bolger, 2006). One reason for *positive* associations with distress could be that social support is elicited as a result of failure or negative affect, so that the causality in this case is that negative affect came first, motivating the provider to be supportive (Sarason et al., 1990). Another interpretation is that receiving social support implies incompetence, that one is unable to deal with a difficult situation oneself, which might even have a negative effect on future individual coping efforts (Hobfoll, 1989; Knoll, Kienle, Bauer, Pfueller, & Luszczynska, 2007; Sarason et al., 1990). Consequently, receiving social support can be a “mixed blessing” (Gleason, Iida, Shrout, & Bolger, 2008). In particular, unwanted advice, i.e. informational support, can imply incompetence more than other expressions of support (Carels & Baucom, 1999; Cutrona & Suhr, 1992; Smith & Goodnow, 1999; Steinberg & Gottlieb, 1994). Whether informational support is perceived as threatening or not depends, among other things, on the controllability

of the stressor and also on the self-relevance of the respective dimension of advice for the recipient (Beach, Fincham, Katz, & Bradbury, 1996). In contrast, companionship support probably does not have this threatening quality because it is more based on enjoying each other's company (Rook, 1987b). These possible costs of social support might be a reason why so-called "invisible support" has been found to be particularly effective (Bolger et al., 2000; Shrout et al., 2006). Social support is called "invisible" if it occurs outside the recipient's awareness or if it is not coded as support by the recipient (Bolger et al., 2000).

A recent study has confirmed that types of support have incremental validity for explaining well-being – in that case marital adjustment, depressive and anxiety symptoms (Barry, Bunde, Brock, & Lawrence, 2009). Consequently, to distinguish which content of social support has positive or negative consequences, it is important to investigate types of social support separately, as is done in Parts I and II of this thesis. Moreover, consequences of social support are also dependent on the provider.

Sources of Social Support

Social support can be provided by different people, for example by relatives, the spouse, friends, co-workers, or supervisors at work. It has been shown that in addition to the impact on overall well-being, the influence of social support from different sources is stronger on domain-specific than on cross-domain outcomes: For example, whereas support from the work environment is more influential on work outcomes (e.g., job satisfaction and engagement), partner support is more influential on family outcomes, e.g., partnership satisfaction (Adams, King, & King, 1996; Baltes & Heydens-Gahir, 2003; Burke & Greenglass, 1999; Roxburgh, 1999). Like the consequences of support, the provision of support seems to be domain-specific: Lindorff (2005) investigated emotional and instrumental support from work and non-work relationships in 435 managers and found that work relationships provide most social support for work stressors, whereas non-work

relationships provide support for non-work stressors. Furthermore, friends, family, spouses, and groups had discriminant effects on mental health in two studies (Schwarzer, Dunkel-Schetter, & Kemeny, 1994; Schwarzer & Gutierrez-Dona, 2005). A meta-analysis on social support and depression further confirmed the need to examine sources separately: Spousal support had the highest impact on depression, followed by family, friend, and co-worker support (Schwarzer & Leppin, 1992).

This thesis explores how social support from the work and private environments contributes to the affective well-being of mothers re-entering the workplace and to work-family conflicts in working mothers. Parts I and II deal with social support from the spouse, who is considered to be particularly important because most people turn to their life partners first in times of need (Beach et al., 1996; Bodenmann, 2000; Cutrona, Russell, & Gardner, 2005; Ettrich & Ettrich, 1995). Moreover, social support from the partner is irreplaceable: Research suggests that a lack of social support from the partner cannot be fully compensated by social support from other providers (e.g., Coyne & DeLongis, 1986; Cutrona et al., 2005; O'Hara, 1986), probably because the spousal relationship is the most intimate in adulthood and is characterized by a high degree of interdependence and shared life (Gmelch & Bodenmann, 2007).

Part III examines the interplay between different sources of support on work-family conflicts in working mothers and tests two models of this interplay against each other: the moderating model against the antecedence model. Work-family conflicts refer to the experience that participation in one role (e.g., work role) interferes with participation in the other role (e.g., family role), for example via time-based interferences or psychological preoccupation (Greenhaus & Beutell, 1985). Work-family conflicts are very common in working mothers and are associated with decreased well-being and health-related problems (for a review see Bellavia & Frone, 2005). In the following paragraphs, I will briefly outline

the models of interplay between social support and well-being and/or work-family conflicts that are relevant for this thesis.

Models for the Interplay between Social Support and Well-Being

Many studies on social support and well-being lack an explicit theoretical background. Nevertheless, models are important to recognize why and how social support influences well-being, to be able to make predictions and to understand processes. In the next section, I will briefly introduce the most common models of the interplay between social support and well-being: the main or direct effects model, the buffering or moderating model, and the antecedent model. The latter refers to the interplay of support and work-family conflicts and will be tested against the moderating model in Part III of this thesis.

Main effects vs. buffering effects model. The two most common models of the interplay between social support and health or well-being have already been cited in classical articles by Cohen and Wills (1985) and House, Umberson and Landis (1988). The authors review studies on social support and well-being and elaborate on whether their association is due to a direct or main effect of social support on well-being (*direct or main effects model*) or to a buffering effect of social support on the relationship between stress and well-being (*moderator or buffering model*). Whereas the buffering model implies that social support is only related to well-being for individuals experiencing stress, the main-effect model implies that support as a social resource always has a direct, beneficial effect on well-being, regardless of the level of stress. There is evidence for both models, but results on the buffering model in particular are very inconsistent (summarized e.g. by Carlson & Perrewé, 1999; Cohen & Wills, 1985; 1986; House, Umberson et al., 1988). Buffering of stress and strain by social support seems to exist, but not to be very strong (Frese, 1999).

Antecedence model. An alternative model for the interplay of social support and work-family conflicts is the *antecedence model*. This model assumes that social support does

not influence work-family conflicts directly (main effects model) or by weakening their relationship with stress and strain (moderating model), but rather by affecting *precursors* of work-family conflicts, namely stress or strain, thereby influencing work-family conflicts. In other words, the relationship between social support and work-family conflicts is mediated by stress and strain (cf. Carlson & Perrewé, 1999; Frone, Yardley, & Markel, 1997). Part III of this thesis deals with the interplay of social support and work-family conflicts as one facet of well-being in employees and tests the moderating model against the antecedence model, contributing to previous research that yielded inconsistent results (cf. Carlson & Perrewé, 1999, for a review).

To sum up, received support and provided support are not identical and have different antecedents. Part I deals with relating these two reports to each other in a discrepancy score and examining determinants of this discrepancy. Overall, social support has a positive influence on health and well-being, but to identify what content of support, and from whom, is actually beneficial, it is important to differentiate types and sources. This approach is applied in Parts II and III of this thesis: Part II relates types of social support from the partner to positive and negative affect, while Part III deals with the interplay of different sources of social support and work-family conflicts and tests the moderating model against the antecedence model. As well as these different facets of social support and their interplay with well-being, the timing of social support is another focus of this thesis. Thus, previous research on time-dependent effects of social support will be summarized in the following section. I will then present the context of this thesis: women returning to work after maternity leave. The introduction will be concluded with an overview of the parts of this thesis.

Timing of Social Support

Prediction and impact of social support have repeatedly been shown to be time-dependent. As noted above, some studies demonstrate that social support is particularly

beneficial if the receiver is experiencing a lot of stress (buffering model, Cohen & Wills, 1985; Linville, 1987); that is, the same support is less helpful at other, less stressful times. Furthermore, the impact of social support is considered to be remarkably strong in a transition phase (cf. Bolger et al., 2000; Jacobson, 1986; Lepore, Evans, & Schneider, 1991; Shrout et al., 2006; Trickett & Buchanan, 1996). For example, several studies have shown that social support facilitates adjustment, for instance to illnesses or after relocations (e.g., Abraido-Lanza, 2004; Kraimer, Wayne, & Jaworski, 2001; Scholz, Knoll, Roigas, & Gralla, 2008; Söllner et al., 1999). Furthermore, Bolger and colleagues (2000) found that social support from a partner, particularly “invisible support”, was more efficient prior to an exam. In times of chronic stress, however, after an initial mobilization of social support a depletion of social resources often occurs (cf. social support deterioration deterrence model, Kaniasty & Norris, 1993, 1995; Lin & Ensel, 1984; Norris & Kaniasty, 1996), social support decreases, and people retreat (e.g., Atkinson, Liem, & Liem, 1986; Bolger et al., 1996; Hobfoll & Lerman, 1988, 1989; Quittner, Glueckauf, & Jackson, 1990). Thus, the same amount of support might have a different impact – sometimes even a negative one – depending on the timing. For example, advice from co-workers might be perceived as helpful when given to an organizational newcomer, but might be perceived as suggestive of incompetence by the same “newcomer” later on.

Consequently, social support can be seen as a *process* in itself, whose impact is dependent on the time point in the stress process (Hobfoll, 2002); for Lepore and colleagues social support is even a “dynamic coping resource” (Lepore et al., 1991, p. 904). Because social support has different correlates depending on timing, *when* determinants and correlates of social support are assessed plays a role. The fact that the occurrence of stressful situations can be individually very different suggests that social support should be investigated in a phase that is comparable across participants. One such phase is the *transition* from one life

stage to another. Transitions are “major life changes within individuals and in social roles and contexts” (Schulenberg, Sameroff, & Cicchetti, 2004, p. 799) that require “mutual accommodation between the organism and its surroundings” (Bronfenbrenner, 1979, p. 27). This definition implies the experience of stress (Hobfoll, 1989; Lazarus & Folkman, 1984). Furthermore, the study of transitions allows us to explore psychological phenomena in naturalistic settings (Ruble & Seidman, 1996) and to investigate how people cope with change (Cowan, 1991).

This thesis investigates social support in women returning to work after maternity leave, in the legal sense, as well as more generally after a family-related break from work to take care of children. Furthermore, in a second study, it investigates social support in working mothers. In the following paragraphs, I will explain why the sample case of women re-entering the workplace is particularly appropriate in this context, and I will then briefly describe the situation of re-entry and previous research on this subject.

The Context of this Thesis: Return to Work and Working Mothers

The transition back to work after maternity leave as one sample case for the investigation of social support in a transition phase is particularly apt because it sets a definite time-frame for all women: Since the first day at work is predictable, phenomena can be studied before and after the prearranged “onset” of the transition. Furthermore, the same time intervals between surveys can be applied to every woman so that the point of time in the transition is constant. In the following section, I will first describe the work situation of women in Europe, and will then write on the legal basis of and research on return to work after maternity leave.

Working Mothers

In the US and the European Union, the employment gender gap is continuously narrowing, even compared to the year 2000, because more and more women are working,

whereas the proportion of working men is only increasing marginally (Ford, Heinen, & Langkamer, 2007; Ramb, 2008; U. S. Department of Labor - Bureau of Labor Statistics, 2008). Dual-earner or dual-career families are becoming the norm and they even work more hours than ever before (Clarkberg, 2007). Although the employment gender gap is decreasing, it still exists when it comes to workload: Most women work part-time. In 2007, an average of 30.7 % of working women had part-time positions in the European Union, and this rate is even higher in Switzerland (58.5 %), Germany (45.3 %), and Austria (40.7 %), whereas only 6.9 % of men in the EU-27 countries work part-time (Ramb, 2008).

The increase in the proportion of women in the workforce is also due to an increasing number of *mothers* who work: In EU-25 the employment rate is 60 % for women between the ages of 20 and 49 who have children under 12 (Aliaga, 2004), while in the United States three in four mothers work (Statistics, 2008). Employment in mothers is closely linked to the number and age of their children, for example part-time work is even more common among mothers than among childless women (Aliaga, 2004; Massarelli, 2009).

This leads, for both sexes, to an increased need to combine work and family life. Despite softening gender role attitudes and their increasing participation in the workforce, women still take main responsibility for most household tasks and childcare duties (for a review see Shelton & John, 1996). Thus, it is not surprising that they report more stress, overload, and work-family conflicts than men do (e.g., Aycan & Eskin, 2005; Moen & Yu, 2000; van Daalen, Willemsen, & Sanders, 2006). This should apply to an even greater extent when children are younger, for example in many cases after maternity leave, because young children require much more intensive care (cf. Holtzman & Glass, 1999). Social support from different sources has been shown to be effective in reducing conflicts arising from the coordination of work and family life (Carlson & Perrewé, 1999; Cohen & Wills, 1985; Elman & Gilbert, 1984).

Return to Work after Maternity Leave

Maternity leave is the time a woman takes off from work before and after the birth or adoption of a child. Because in this thesis women living in Switzerland, Germany, and Austria were investigated, the following descriptions refer to the situation in these countries. The legal basis for leave to take care of children is quite different in Switzerland compared to Germany and Austria (cf. Moss & Deven, 2006, for a cross-national comparison of leave policies): In Germany and Austria, maternity leave is 14 and 16 weeks respectively, during which women receive their full salary. Additionally, both parents are allowed to take a so-called “Elternzeit” (parental leave) of up to three years, during which they receive financial compensation depending on their income. In Switzerland, there is also a maternity leave of 16 weeks, with full salary for 14 weeks, but parents do not have an option like “Elternzeit”.

There are different reasons for re-entering the workforce, including financial motives, dissatisfaction with “being a housewife”, the wish for more social contacts, or – although mentioned less frequently – that a woman simply likes to work (e.g., Ambos, Gertner, & Schiersmann, 1989; Davey, Murrells, & Robinson, 2005). Hynes and Clarkberg (2005) demonstrated that age at first birth and education predict women’s employment patterns. Regardless of the reason, every working mother had to manage her return to work after maternity leave at least once, and this transition has been evaluated as one of the key life events that are considered to be potential causes of stress and illness (Holmes & Rahe, 1967).

Nevertheless, return to work after maternity leave has been largely overlooked by psychological research. Existing research on return to work mainly focuses on job re-entry after traumatic life experiences, illnesses or longer unemployment (e.g., Banks, 1995; Johansson & Bernspang, 2003; Labriola et al., 2007). Studies on return to work after a family-related break from work mainly predicted length of leave (e.g., Baumgartner, 2003; Klein & Braun, 1995; Lyness, Thompson, Francesco, & Judiesch, 1999; Smeaton, 2006).

Houston and Marks (2003), however, examined whether planning and anticipated social support predicts whether women return to work at all after their first child. Planning and anticipated social support from the private and work environments were assessed during their pregnancy; whether women worked full-time, part-time or did no paid work and whether their job characteristics had changed was assessed 12 months after childbirth. “Domestic” support from partner, family, and friends had no influence on women’s ability to return to work as intended – it was work support that predicted whether women returned on a part-time basis or not at all. Note that the authors assessed anticipated support, that is, the assumed availability of support after the re-entry and not received social support as conceptualized in this thesis. Other studies investigate the impact of professional training or so-called “return to work” programs on job re-entry (Feider, 2006; Franche et al., 2005; Franche & Krause, 2005) or the impact of workload during re-entry on marriage quality or satisfaction with re-entry (Feldman, Masalha, & Nadam, 2001; Hyde, Essex, Clark, & Klein, 2001; Hyde, Klein, Essex, & Clark, 1995). Return to work is occasionally included as a factor in studies on postpartum health or health-promoting behavior (e.g., Grace, Williams, Stewart, & Franche, 2006; McGovern et al., 2007; McGovern et al., 2006). For example, postpartum health of employed women was investigated 5 and 11 weeks after childbirth (McGovern et al., 2007). Among other factors, the availability of social support was associated with better health while already working.

A further line of research examined attributions and career consequences of maternity leaves and has shown that maternity leaves are negatively associated with subsequent ratings of job performance, and that career development is persistently worse after the leave, depending on its length (Allen & Russell, 1999; Bühler, 2004; Judiesch & Lyness, 1999; Wayne & Cordeiro, 2003; Wiese, 2005, 2007; Wood, Corcoran, & Courant, 1993; Ziefle,

2004). This might be due to a loss in professional social networks or skills, that is, a decrease in so-called “human capital” (Becker, 1975; Blau, Ferber, & Winkler, 2006).

To my knowledge, there is only one study explicitly investigating the role of social support from the partner for a successful return to work after maternity leave: In a cross-sectional study by Feldman, Sussman, and Zigler (2004), social support from the partner, assessed with only two items, was positively associated with the subjectively evaluated success of re-entry.

Thus, not only is this transition appropriate to investigate social support, this thesis also contributes to closing the research gap, particularly the lack of prospective, longitudinal research, regarding the influence of partners’ support on women’s return to work after maternity leave.

Design of the Studies

This thesis analyzes data from two studies: The first study (Parts I and II) is part of a comprehensive longitudinal project on psychological determinants of a successful return to work after maternity leave (Principal investigator: Prof. Dr. Bettina S. Wiese; financed by the Swiss National Science Foundation). This project has three primary foci: gender-role attitudes, goals and action regulation, and social support. Women answered four questionnaires: two weeks *before* their return to work (T1), and one month (T2), two months (T3) and six months (T4) afterwards. Furthermore, at T1 and T4 they were asked to complete an online Implicit Association Test (IAT) to assess their implicit attitudes toward working mothers. One week after their re-entry, a subsample was also asked to fill out a diary on 14 consecutive evenings. Third party assessments were also collected: We asked women to give one separate questionnaire to their life partners at the second measurement point and another one to a person from their work environment at the third. For the present thesis, women’s data from the first three measurements and their partners’ questionnaires were analyzed.

According to different inclusion criteria, different subsamples of the total sample are included in Parts I and II.

In the second study, working women with one child living with them filled out a questionnaire in the laboratory and a subgroup also completed a short diary on 14 consecutive days (Principal investigator: Prof. Dr. Bettina S. Wiese; financed by the Suzanne and Hans Biäsch Foundation). Furthermore, all women completed the IAT mentioned above. Part III of this thesis analyses the cross-sectional questionnaire and diary data.

Overview

This thesis aims to contribute to the knowledge of social support and the knowledge of the transition back to work after maternity leave by examining the following issues: Do women report the same amount of *received* social support as their partners indicate as *provided*, and what are determinants of a discrepancy between these reports from the woman's point of view (Part I)? Do different *types* of social support from the partner and of *expectations* towards this support predict affective well-being during the transition back to work after maternity leave (Part II)? How is social support from different *sources* related to work-family conflicts as one typical conflict in working mothers? Is it an antecedent of strain experiences or a moderator of the strain-conflicts relationship (Part III)?

In *Part I*, received social support as reported by women re-entering the workforce is related to their partners' reports of provided social support in a discrepancy score. Based on previous research and theoretical considerations, three determinants are expected to predict this discrepancy: Big Five personality traits, relationship quality (relationship satisfaction and problems), and transition-specific relationship beliefs (the partner's assumed attitudes towards the woman's re-entry, and the woman's couple-related self-efficacy beliefs). Data from 207 women returning to work and their life partners are analyzed.

Part II examines whether different types of social support from the partner (emotional, instrumental, informational, and companionship) are related to affective well-being during the re-entry. Received social support is hypothesized to be positively associated with positive affect (PA) and negatively associated with negative affect (NA), with emotional support having the strongest impact. Furthermore, we assume an increase in all types of received support directly after the return to work. In addition, *Part II* investigates whether unfulfilled expectations regarding these types of support have an additional impact on affective well-being. 292 respondents filled out questionnaires two weeks before re-entry, and again one month and two months afterwards.

The study presented in *Part III* examines the interplay of social support and work-family conflicts in working mothers. More specifically, two models of this interplay are compared: social support as an antecedent of work-family conflicts or as a moderator of the strain-conflicts relationship. Based on Conservation of Resources Theory (Hobfoll, 1989; Hobfoll, Freedy, Lane, & Geller, 1990), we propose that, on the one hand, social support lessens women's job and family strain, thereby reducing work-family conflicts, but on the other hand, weakens the relationship between strain and work-family conflicts (moderator). The impact of four *sources* of social support is investigated: the spouse, other family members, the supervisor, and co-workers. Their influence is considered to be domain-specific. Hypotheses are tested with a sample of 107 working mothers who filled out questionnaires and a subsample of 69 women who also filled out a diary on 14 consecutive days. Questionnaires and diaries are expected to assess different levels of experience. Finally, the *General Discussion* will integrate and evaluate the findings of the three manuscripts and suggest implications for further research.

PART I

“My partner doesn’t support me, or does he...?”

Predictors of Discrepancies between Provided and Received Support

During Mothers’ Return to Work after Maternity Leave

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Abstract

Do women report the same amount of received social support as their partners indicate as provided support? In the present study, we investigated determinants of the discrepancy between so-called received and provided support during women's return to work after maternity leave. We expected the women's Big Five personality traits, relationship quality and transition-specific relationship beliefs to be predictive and collected data from $N = 207$ couples to test our assumptions. Women filled out two questionnaires, one about two weeks before re-entry and one about four weeks afterwards. Men reported their provided support at the second measurement point. Women's personality traits were unrelated to the discrepancies. Relationship satisfaction was related to smaller discrepancies, but only until collective self-efficacy was considered: Couple-related self-efficacy beliefs regarding that transition remained the only significant predictor, i.e., discrepancies were smaller for women who believed that they and their partners would collectively manage their return to work. Differentiating types of social support led to the same results.

After becoming a mother, most women return to working life – some of them directly after their legal maternity leaves, others after a longer time off from work. Going back to work is a transition affecting their working and family lives. Women need to adapt to their new roles as working mothers in the organization, have to reorganize household and child-care, potentially catch up with the new developments on the job and so forth. Their well-being and how they handle the transition might also be influenced by their partners. They may want to be supported by them during this transition. In fact, previous studies have demonstrated that most individuals first turn to their spouses in times of need (e.g., Beach et al., 1996; Cutrona et al., 2005). But do women encode provided helpful behavior from their partners as social support? This question refers to the discrepancy between provided social support as reported by the partner and received social support as reported by the woman. We aim to understand the predictors of this discrepancy from the women's perspective.

Social Support

Social support can be conceptualized as dyadic interactions or exchanges with a provider and a recipient, in which the provider wants to help or benefit the recipient (Dunkel-Schetter & Skokan, 1990; House, 1981). This “help” can have different forms, for example, it can be either emotional or tangible/instrumental, it can contain advice (informational support) or consist of companionship and shared leisure. Whereas *received support* refers to supportive transactions from the recipient's point of view, *provided social support* comprises support as reported by the provider. This paper focuses on the relationship between provided and received support. Methodologically, to relate provided and received support to each other, most authors use the correlation or the percentage of agreement between these two, sometimes referred to as concordance (e.g., Bolger et al., 2000). Other authors use sums of differences between the elements (e.g., Gant, Calsyn, & Winter, 1999), referred to as *discrepancy* (cf. Edwards, 1993, on profile similarity indices in general).

The Concordance between Provided and Received Social Support

Correlations between provided and received support in couples range between $r = .25$ and $r = .50$ (e.g., Abbey, Andrews, & Halman, 1995; Burkert, Knoll, & Gralla, 2006b; Scholz et al., 2008). Bolger, Zuckerman, and Kessler (2000) report a concordance of 61% between received and provided support. In a longitudinal study with 173 dyads in which one partner had had cancer surgery, time-lagged correlations of received emotional support reported by the patient and provided emotional support by his or her life partner varied from $r = .10$ to $r = .44$ (Luszczynska, Boehmer, Knoll, Schulz, & Schwarzer, 2007). There is some evidence that concordance is highest between partners compared to other dyads like friends or parents-children (e.g., Antonucci & Israel, 1986; Cutrona, 1989).

Determinants of the Discrepancy between Provided and Received Social Support

Some authors consider agreement as a matter of validity of self-report measures, but we think it is more than that: Discrepancies are not just “methodological noise” (Mandemakers & Dykstra, 2008, p. 504), rather they contain information about the members of the dyad and their relationship. To find out more about this information, we investigate determinants of the provided-received discrepancy in this study.

Because there are two self-reports involved – the report from the support recipient and the report from the support provider – there are also at least four sources of discrepancies: (1) recipient and (2) provider with their own personalities and response styles (cf. Cutrona, 1989), (3) their relationship (e.g., Schwarzer & Knoll, 2007), and (4) situational factors (in our case: the return to work). As pointed out by Mandemakers and Dykstra (2008), there is no objective benchmark of “actual” provided social support in investigating discrepancies between reported provided and received support – both reports might be biased and inaccurate. In a study on emotional and instrumental support in parent-child dyads, they found that both parents and children over-reported provided help and underreported received

help. Dissatisfaction with received social support was associated with underreporting of received interest (i.e., emotional support), not instrumental or informational support.

In this paper, we concentrate on the support recipient, i.e. the woman, and her perception of the relationship to predict support discrepancies. We investigate three predictor groups: the woman's personality, her view of the relationship in general, and her relationship beliefs regarding the re-entry process. In the following, based upon previous research, we develop our hypotheses, structured by these groups of predictors.

1) Support Recipient's Big Five Personality Traits

Cutrona, Hessling, and Suhr (1997) describe four mechanisms that could explain the influence of personality on social support. Personality affects (1) the ease with which relationships are formed, (2) the transactions within relationships, for example if someone wants social support, (3) appraisals of supportive behavior, and, finally, (4) how susceptible someone is to support, which, in turn, influences if it will be effective or not. Cutrona et al. (1997) examined the influence of extraversion and negative affectivity (neuroticism) on support interactions in 100 couples. Extraverted partners provided more support and were also more susceptible to emotional support. However, the recipient's extraversion did not predict received support. For tangible support, received support was greatest when both partners had high levels of extraversion. Russel, Booth, Reed, and Laughlin (1997) investigated the relationship between extraversion, neuroticism, social network characteristics and perceived social support in 294 men in treatment for alcohol abuse. Extraversion and neuroticism influenced network characteristics and perceived support. Gurung, Sarason, and Sarason (1997) investigated whether personal characteristics (depression, loneliness, anxiety, and self-esteem) and perceived qualities of romantic relationships contribute to perceptions of social support availability – both of self-reported support and the social support reported by the partner. In their study of 86 student couples, personal characteristics and the view of the

relationship as well as partner's personal characteristics predicted support availability. They argue that personal characteristics are linked to social support by, for example, causing someone to have more contact with others or influencing the attribution and interpretation of others' behaviors.

As personality influences perceived support availability, it might also have an impact on reporting discrepancies. Whereas one person might, for example, recognize and "encode" a certain provided behavior as "supportive" (i.e., due to appraisal or sensitivity), another person might not. To our knowledge, there is only one study on the impact of personality traits on support agreement. Gant, Calsyn, and Winter (1999) predicted support agreement in two studies. In the first study with students (receiver) and their mothers (provider), they used the following predictors: gender, self-disclosure, four of the Big Five personality traits (i.e., neuroticism, openness to experience, conscientiousness, and extraversion), perspective taking, empathic concern and fantasy, personal distress, and closeness. The full model did not significantly predict a difference score, and only provider distress and perspective taking were negatively related to support agreement. In the second study, college students were receivers of social support, non-romantic peers the providers. Gender, wanting of social support, perceived available support, neuroticism, intimacy, and stress were investigated as predictors in a multiple regression. Again, the full model did not significantly predict the difference score, nor did any of the single predictors. Although Gant et al.'s (1999) study did not demonstrate the predictive power of personality traits for the discrepancy between provided and received support, it would be too early to conclude that personality is actually irrelevant in predicting discrepancies. First, the dyads they analyzed did not include romantic partners. Second, they did not investigate the full range of the Big-Five traits, as they excluded agreeableness. In the following, we will describe our hypotheses regarding the

impact of the Big Five personality traits on provided-received support discrepancies in couples in more detail.

1) *Neuroticism*. Individuals high in neuroticism tend to worry, feel insecure, be self-conscious, and have a negative view of themselves and life in general (McCrae & Costa, 1987; Watson & Clark, 1984). Their negative view of life might “cloud” their perception of support (Cutrona et al., 1997; Luszczynska et al., 2007, p. 157). In fact, as shown by Bolger and Eckenrode (1991), neuroticism negatively influences evaluations of social support. Because individuals high in neuroticism tend to be self-conscious and evaluate relationships negatively, support efforts might not be noticed or encoded as being supportive, leading to a greater discrepancy.

2) *Extraversion*. Extraverted individuals are characterized as sociable, talkative, and outgoing. They have larger social networks and are expected to communicate their needs more openly to others than introverted persons. With respect to social support, several authors have shown that extraverted individuals have a higher tendency to seek support and that they are more susceptible to it (e.g., Amirkhan, Risinger, & Swickert, 1995; Bolger & Eckenrode, 1991; Duckitt, 1984; Krause, Liang, & Keith, 1990; McCrae & Costa, 1987; Parkes, 1986). In previous studies, extraversion was also positively associated with provided support (Bolger & Eckenrode, 1991) but not with received social support (Krause et al., 1990). Overall, extraverted individuals might more often seek and perceive provided support than introverted individuals. Therefore, the discrepancy between provided and received support should be lower for extraverted individuals.

3) *Openness*. Individuals high in openness to experience are characterized as being original, imaginative, and having broad interests (McCrae & Costa, 1987). They are considered to experience emotions more intensely and to be more attentive to feelings. Thus, they should know themselves better and also their own social support needs, increasing the

probability of communicating them to others and of being susceptible to supposedly supportive behaviors (Costa & McCrae, 1992; Gant et al., 1999). Thus, we expect openness to experience to be negatively related to the discrepancy of provided and received social support.

4) *Agreeableness*. McCrae and Costa (1987) describe agreeable individuals as having strong empathy with and trust in others. Therefore, it may be assumed that they communicate their support needs more directly and are more sensitive to other people's behavior, thus recognizing and encoding supportive acts more often. Therefore, we expect agreeableness to be negatively related to the discrepancy of provided and received social support.

5) *Conscientiousness*. Conscientious individuals are characterized as being thorough, dutiful, hardworking, ambitious, and persevering. They are reliable and well-organized (McCrae & Costa, 1987). Consequently, they should be more accurate and less biased in their perceptions of received social support and also in reporting it (Costa & McCrae, 1992; Gant et al., 1999). Thus, we expect conscientiousness to decrease discrepancy.

Hypothesis 1: The support recipient's Big Five personality traits significantly predict the discrepancy between provided and received support. More precisely, *neuroticism* is positively related to the discrepancy between provided and received social support, whereas *extraversion*, *openness to experience*, *agreeableness*, and *conscientiousness* are negatively related to the discrepancy between provided and received social support.

2) *Relationship Quality*

Perceptions of a spouse's behavior might depend upon global perceptions of the partner and the relationship (cf. Norton & Manne, 2007). Thus, recognition and evaluation of a spouse's behavior might be influenced by this general view of the partner and the relationship.

Relationship satisfaction. In a good relationship communication is enhanced. This might also be the case for the communication of support needs. The partner probably knows better when and how to be supportive. This should decrease support discrepancy. The impact of relationship quality on support agreement has been demonstrated in previous research: Coriell and Cohen (1995) assumed that every condition that leads to paying more attention to transactions, for example social competence, improves concordance. They found a mean concordance of $\kappa = .39$, and, among others, intimacy and social competence led to higher concordance. Christensen, Sullaway, and King (1983) investigated agreement about dyadic interaction in 100 couples. They found modest agreement, which increased with relationship satisfaction. Norton and Manne (2007) conducted a longitudinal study on supportive and unsupportive behaviors with 239 cancer patients and their spouses. Couples had a higher level of agreement on unsupportive than on supportive behavior and marital quality increased concordance. In Gant and colleagues' study, intimacy was also associated with greater concordance between couples' reported social support (Gant et al., 1999).

Relationship problems. Relationship problems could cloud the perception of supportive behavior, as is expected for neuroticism; relationship problems might also influence reports of received support. As Mandemakers and Dykstra (2008) put it "... reports on support and contact are colored by their expectations, motivations, and feelings about their relationships" (p. 503). *Not* reporting received social support might be an expression of resentment (Mandemakers & Dykstra, 2008). Given that relationship problems might bias support perceptions, we assume that they are accompanied by larger discrepancies. To our knowledge the influence of relationship problems on support agreement has not been investigated so far.

Hypothesis 2: Partnership quality reported from the recipient significantly predicts a discrepancy of provided and received support. *Relationship satisfaction* is negatively related

to the discrepancy of provided and received social support, whereas *partnership problems* are positively related to the discrepancy of provided and received social support.

3) Transition-Specific Relationship Beliefs

We are not only interested in the impact of overall relationship quality reported by the women but also in transition-specific relationship perceptions. As mentioned before, global perceptions of the partner and the relationship might influence how a woman perceives and evaluates her spouse's behavior in a particular situation. Furthermore, attributions have also been found to influence whether a certain behavior is perceived as being supportive (e.g., Bradbury & Fincham, 1990, 1992). This might also apply to the perception of a partner's attitudes and beliefs regarding a *particular* life situation such as the return to work.

Partner's assumed attitude towards re-entry. If a woman thinks that her partner endorses her return to work, she might also expect more support from him, thereby being more attentive to his behavior, thus recognizing and interpreting it as supportive and reporting it as such. The discrepancy should be lower than for women who think their partners disapprove of their re-entry.

Couple-related self-efficacy. A similar reasoning as for partner's assumed attitude might also apply to self-efficacy. Self-efficacy beliefs are personal judgments "of how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982, p. 122). Couple-related self-efficacy beliefs, therefore, refer to judgments of how well oneself and the partner can deal with situations. If a woman has high transition-specific couple self-efficacy beliefs, she might easily seek support and be willing to accept and report it. To our knowledge, there is no study on these two concepts and support agreement.

Hypothesis 3: Transition-specific relationship beliefs reported by the recipient significantly predict the discrepancy of provided and received support. *Partner's assumed*

attitude towards re-entry and *transition-specific couple self-efficacy* beliefs are both negatively related to the discrepancy of provided and received social support.

Method

This study is part of a larger longitudinal project on successful re-entry into working life after maternity leave. Participants were women who were on maternity leave at the time of the recruitment but planned to return to work within the next few weeks. This paper analyzes the first two measurement points. The first measurement (T1) took place two weeks before the first day back at work; the second questionnaire was filled out one month after the return to the job (T2). At T2, the women's partners were also asked to fill out a short questionnaire.

We recruited the participants in the German-speaking part of Switzerland (our primary region of recruitment), in Germany, and in Austria by advertising in newspapers, and by asking, for instance, pediatricians, daycare centers, midwives, career advisers, and human resource departments of large companies to hand out flyers. To facilitate participation, questionnaires were sent together with pre-stamped envelopes. For participating in the whole project, women received 110 Swiss francs and were entered in two lotteries.

Participants

301 women completed the first questionnaire; 267 women and 207 male life partners filled out their respective questionnaires at the second measurement point. Assessments of women who did not fill out the second questionnaire or whose partner did not fill out his were excluded from the analyses. Thus, we analyzed a final sample of $N = 207$ women and their partners. These women did not differ from the "dropouts" in terms of received support, personality traits, partnership problems, assumed partner attitudes towards re-entry, and collective self-efficacy beliefs. Participating women were more satisfied with their

relationship than women who did not fill out the second questionnaire or whose partners did not participate in our study ($t[66.30] = 2.43, p < .05, d = 0.38$).

75.8 % of the women were Swiss residents, 12.6 % were German residents, and 11.6 % were Austrian residents. They were between 20 and 53 years old ($M = 33.83$ years; $SD = 4.94$ years). By definition, all of them were in a stable relationship for on average 9.47 years ($SD = 5.27$). Nearly all women (98.6 %) lived with their partner in the same household and reported that he was the father of their children (97.6 %). 120 respondents had one child, 63 had two children, and 23 had three or more children ($M = 1.56, SD = .77$). On average, the children were $M = 2.48$ years old ($SD = 3.63$). 56.0 % of the women had an advanced university degree, and they were working in a broad range of occupations for $M = 21.24$ hours a week ($SD = 9.32$). The high number of women working part-time, i.e., less than 90% of the work quota (93.9 %), is very common for working mothers in Switzerland, Austria, and Germany (Massarelli, 2009). Their average leave duration was 23.01 months ($SD = 37.15$). 64.3 % of the women returned to the same organization, and for 146 (70.5 %) this was the first return to work after a maternity leave. Women's partners were between 20 and 57 years old ($M = 36.76, SD = 5.96$). Nearly all of them (97.6 %) were employed, working $M = 43.11$ hours a week ($SD = 10.25$).

Measures

Table 1 shows descriptives, Cronbach's alphas, and inter-correlations of main study variables. Unless stated otherwise, 6-point scales were used ranging from "not at all" (1) to "very much" (6).

Social support. Received social support from the partner as listed by the working women was assessed using a newly developed questionnaire consisting of 22 items on emotional (e.g., "He shows a great deal of understanding for my worries"), instrumental

Table 1

Means, Standard Deviations, Internal Consistencies, and Inter-Correlations for Main Study Variables (N = 207)

	<i>M</i>	<i>SD</i>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Discrepancy provided-received social support	.21	.65	<i>0.84¹</i>									
2. Extraversion	4.05	.76	-.01	.79								
3. Conscientiousness	4.33	.58	-.02	-.06	.60							
4. Openness	3.60	.82	.02	.39**	-.08	.76						
5. Agreeableness	3.84	.68	-.06	.14*	.26**	.02	.57					
6. Neuroticism	2.80	.76	.06	.03	.13	-.14*	.18**	.53				
7. Partnership satisfaction	5.11	.79	-.27**	.04	.09	.10	.04	-.09	.91			
8. Partnership problems	2.21	.64	.23**	-.04	-.15*	-.16*	-.01	.16*	-.67**	.83		
9. Partner's assumed attitude towards job re-entry	5.25	.91	-.15*	.06	.09	.03	-.05	.05	.26**	-.27**	.68	
10. Couple-related self-efficacy beliefs	4.82	1.00	-.35**	.00	.13	.04	.04	-.07	.55**	-.51**	.49**	.83

Note. * $p < .05$, ** $p < .01$. Cronbach's alphas are displayed in the diagonal. ¹The reliability of the difference score was calculated according to Horst (1966; cited by Lienert & Raatz, 1998, p. 214f.).

(“He takes care of things for me when I have a lot to do”), informational (“He makes suggestions about what I can do”) (cf. Seiger & Wiese, 2009), and companionship support (“He organized shared activities”). Some of the items on emotional, instrumental and informational support were taken from Winkeler and Klauer (2003). We used a 5-point scale ranging from “never” (1) to “very often” (5) and built an overall scale for received social support, including all four forms. Women reported more social support from their partners at T1 than at T2 (T1: $M = 3.16$, $SD = .54$; T2: $M = 3.02$, $SD = 0.60$; $F[1, 204] = 16.11$, $p < .001$, $\eta^2 = .073$). Internal consistencies range from .78 to .92; retest stabilities range from $r_{tt} = .55$ to $r_{tt} = .74$.

To assess *provided social support* by the male life partners, we adapted the items from the women’s questionnaire. For example, instead of “He takes care of things for me when I have a lot to do,” we used the wording “I took care of things for her when she had a lot to do”. The average reported social support provision was $M = 3.22$ ($SD = .50$). Received and provided social support were significantly positively correlated ($r = .32$, $p < .001$). The mean level of received support was significantly lower than the mean level of provided support ($F[1, 203] = 20.76$, $p < .01$, $\eta^2_{part} = .09$). The *discrepancy score* was calculated by subtracting received support from provided support. Thus, positive values indicate that men reported having provided more social support than women reported having received.

Personality traits. The Big Five (neuroticism, extraversion, openness, agreeableness, conscientiousness) were assessed with 15 items taken from the German version of the Big Five Inventory (Lang, Lüdtke, & Asendorpf, 2001).

Relationship quality. We measured *relationship problems* with a subscale of the Dyadic Adjustment Scale (German version in Hank, Hahlweg, & Klann, 1990; Spanier, 1976), which lists potentially problematic areas (e.g., demonstrations of affection, friends, household tasks, leisure time interests). We added child-rearing as an additional item.

Participants were to indicate if they were experiencing problems in the 16 given areas (1 = “no problems”, 6 = “very big problems”). *Relationship satisfaction* was assessed with the Relationship Assessment Scale (Hendrick, 1988; Sander & Böcker, 1993). We used a shortened six-item form, omitting one item referring to partnership problems to avoid conceptual overlap with the problem scale.

Transition-specific relationship quality. To assess the *partner's assumed attitude* towards the woman's work re-entry, we formulated three items: “My partner and I decided together that I'll return to work,” “My partner is pleased that I'm returning to work,” and “My partner approves of my decision to return to work”. *Transition-specific self-efficacy as a couple* from the woman's point of view was assessed by three items following Schyns and von Collani (2002): “My partner and I make a good team when it comes to coordinating work and family life,” “My partner and I see difficulties that could arise through my return to work as a shared challenge,” and “I am facing possible difficulties caused by my return to work very calmly because I can trust in our couple skills”.

Results

To test our hypotheses, we conducted a hierarchical regression analysis in which we entered the Big Five, partnership quality, and transition-specific quality (3 steps, see Table 2). Contrary to our expectations, the personality traits were not associated with the discrepancy between provided and received social support (Step 1). Partnership quality significantly predicted the discrepancy, but this influence was driven by partnership satisfaction only (Step 2). The more satisfied the women were with their relationship, the smaller the discrepancy between provided and received support. However, having entered transition-specific beliefs (Step 3), couple self-efficacy remained the only significant predictor of the discrepancy: The discrepancy is smaller the higher the woman's sense of couple-related self-efficacy. Although partnership problems and the partner's assumed attitude towards the woman's re-entry

are significantly correlated with the discrepancy (Table 1), they did not turn out to be significant predictors in the hierarchical regression analysis.

Post-hoc analyses. Above, we used the overall measure of social support. However, as personality was not at all associated with the discrepancy, we were interested as to whether it might have an impact on discrepancies in specific forms of support, i.e., emotional, instrumental, informational, and companionship support. For example, discrepancies in emotional support might be more dependent on personality because emotional supportive behaviors are less “objective” and observable, and there might be great inter-individual differences as to what to consider as “listening,” “empathy,” or other facets of emotional supportive behavior (cf. Christensen et al., 1983; Lichtenthal, Cruess, Schuchter, & Ming, 2003). However, for all support forms, couple self-efficacy beliefs remain the strongest predictor, and personality does not significantly predict the discrepancy. Only regarding the discrepancy in emotional support, conscientiousness ($\beta = .19, p < .01$) is a significant single

Table 2

Discrepancy of Received and Provided Social Support as Predicted by Personality, Relationship Quality and Transition-Specific Beliefs (Hierarchical Regression Analyses, N = 207).

	Discrepancy in social support			
	Step 1	Step 2	Step 3	
	β	β	β	$R^2/\Delta R^2$
<i>Step 1: Big 5</i>				
Extraversion	-.03	-.03	-.04	.01
Conscientiousness	.02	.05	.07	
Openness	.02	.05	.03	
Agreeableness	-.08	-.07	-.07	
Neuroticism	.08	.05	.04	
<i>Step 2: Partnership quality</i>				
Partnership satisfaction		-.21*	-.09	.07**
Partnership problems		.07	-.01	
<i>Step 3: Transition-specific beliefs</i>				
Partner's assumed attitude			.03	.07**
Couple self-efficacy beliefs			-.34**	

Note. * $p < .05$, ** $p < .01$. $R = .38$ ($p < .001$). Predictors were assessed two weeks before job re-entry; the outcome was assessed one month after it.

predictor besides partnership satisfaction ($\beta = -.24, p < .05$) and couple self-efficacy ($\beta = -.25, p < .01$; β s of the final step).

Discussion

The aim of this paper was to investigate determinants of discrepancies of provided and received partner from the woman's perspective. We conducted a longitudinal study on mothers' return to work after maternity leave and analyzed questionnaire data from two weeks before job re-entry and one month after it. We expected three groups of determinants to predict the discrepancy: the Big Five personality traits, relationship quality (i.e., relationship satisfaction and problems), and transition-specific relationship beliefs. The last concept was developed for this study and includes partner's assumed attitude towards woman's re-entry from the woman's perspective and her couple-related self-efficacy beliefs, i.e., how well she thinks she and her partner will manage her job re-entry together.

Our findings partly confirmed our hypotheses: Relationship quality was a significant predictor of the discrepancy in the second step of a hierarchical regression analysis, driven by relationship satisfaction. Entering transition-specific beliefs in the third and last step contributed significantly to the prediction but couple-related self-efficacy beliefs remained the only significant single predictor. The association between self-efficacy and social support was emphasized by Schwarzer and Knoll (2007), who report two mechanisms: Social support facilitating coping abilities, thereby enhancing self-efficacy (Enabling Hypothesis, cf. Benight & Bandura, 2004), and the other way around, self-efficacy increasing and maintaining social support (Cultivation Hypothesis, Schwarzer & Knoll, 2007). We contribute to this line of research by showing that self-efficacy beliefs have an impact on discrepancy experiences, that is, the evaluation and report of received and provided support. Unfortunately, we cannot test whether self-efficacy beliefs grew due to decreasing discrepancies.

Contrary to our expectations, enduring personality traits were not at all associated with the discrepancy of provided and received support. Although this is in line with Gant et al. (1999) who investigated the impact of the Big Five personality traits (except agreeableness) on the discrepancy and did not find significant prediction either. One reason could be the low internal consistencies of the short scales used for measuring the Big Five, particularly with respect to neuroticism and agreeableness ($\alpha = .53$, and $.57$). Another explanation could be that personality is only an important predictor in relationships that are more casual (or in romantic relationships that are still in the earlier stages) because in such relationships people do not know what behavior to expect from each other and how to evaluate it. Efforts to be helpful might not be so easily detected, encoded and reported as in long-term spousal relationships. In lasting relationships, overall or transition-specific relationship satisfaction could be more important for the interpretation of a partner's behavior than one's own personality traits. In our sample partnership duration does not correlate with the discrepancy ($r = -.01$, $p = .91$), but note that most couples had been together for quite a long time ($Mdn = 8.00$ years). The partner's personality traits could also play a role. Furthermore, one might speculate that there are no main effects of personality on support agreement but that personality traits might interact with stress or strain and have an impact on discrepancies if stress focuses the attention on a partner's support (cf. discussion in Gant et al., 1999).

Why did the partner's assumed attitude towards re-entry not have a significant impact? One could argue that if a woman thinks her partner endorses her return to work, she expects more support and might also overestimate or over-report his support. Note, however, that the assumed attitude is negatively correlated with the discrepancy (Table 1), supporting our hypothesis.

We can only speculate about how the results would have looked if the less satisfied women had given their partners the questionnaires so that these couples could also be included in our analysis. We could show that relationship satisfaction is negatively associated with the discrepancy (Tables 1 and 2). Thus, their inclusion could have been influential in that their discrepancies would have been larger. Personality traits might have explained some variance for this subgroup.

Strengths and Limitations of the Study

This study contributes to research on an important transition, women's re-entry into working life after maternity leave, and moreover, to our understanding of determinants of social support disagreement. Although social support has been largely investigated, it has mostly been used as a predictor of health and well-being, not as an outcome. Moreover, contrary to most other studies on support agreement, we differentiated four forms of social support. This study has shown that relationship satisfaction plays only a minor role in determining whether received social support reported by the woman fits provided social support reported by her partner, or, in other words, if his supportive efforts are perceived and reported as such. Collective self-efficacy beliefs are of primary importance in predicting this discrepancy: In those dyads in which the woman believed that she and her partner would manage her return to work as a couple, the discrepancy between provided and received social support was lower than in dyads with a less optimistic woman. Our study has shown that it is worthwhile not only to look at relationship quality in general but also to look at action-oriented facets of partnership-related beliefs.

Unfortunately, we do not have longitudinal dyadic data: First, because we assessed provided social support only at the second measurement point, we do not have a baseline measure before the transition. We cannot know if provided social support or its relation to received support change over time. This is an interesting question for further research

because support agreement could depend on the time point in a transition (cf. Bolger et al., 2000). Second, we do not have complete dyadic data, i.e., measures of support provision and receipt for both partners. In this study, we were interested in the men as support providers and the women as recipients. It is questionable, therefore, whether one can generalize these findings. In addition to the kind of dyad (e.g., couple, mother-child), the gender of the provider and recipient might play a role. In the study by Luszczynska and colleagues (2007), gender moderated the association of provision and receipt: The association was stronger for female providers and male patients than for male providers and female patients. Furthermore, men reported more received support than women did, due to a drop in social support provided from male partners to female patients over time (cf. Belle, 1982; Gurung, Taylor, & Seeman, 2003). Women seem to receive less social support than men in general (Cutrona, 1996b; Glynn, Christenfeld, & Gerin, 1999; Kunkel & Burleson, 1999; Pasch & Bradbury, 1998). Luszczynska and colleagues (2007) list several possible reasons for this finding, e.g., that women benefit less from social support than men do or that men do not provide effective support to women. MacGeorge, Gillihan, Samter, and Clark (2003) reported that emotional sensitivity in men is lower than in women. However, this might also depend on the kind of social support: In a study with 120 elderly widowed women and their friends and children, Rook (1987a) found that women were less likely to receive than provide companionship and emotional support, but they were more likely to receive than to provide instrumental support. Thus, results need to be replicated with reversed roles and in other life phases (e.g., during a male partner's job-role transition) because the context might also influence support agreement.

Furthermore, there are two critical points regarding the discrepancy measure of providers' and recipients' reports. First, we do not have observations of supportive behavior or an *objective* measure of actually provided support by the partner. Thus, as a matter of

course, the discrepancy of provided and received support depends not only on women's self-reports but also on men's perceptions and reports. These can also be "biased" and are determined by several factors that we did not include in our analyses such as men's personality traits or relationship evaluations. Furthermore, support providers might overestimate their support to self-servingly see themselves as caring and empathetic (Luszczynska et al., 2007; Schwarzer & Knoll, 2007). They might also provide support without letting the other person know that he or she has been supported, for example by protective buffering of negative information (Schwarzer & Knoll, 2007) or by providing instrumental support without the awareness of the receiver, so-called "invisible support" (Bolger et al., 2000).

Second, the discrepancy measure neglects the level of support (Edwards, 1993): The discrepancy can be the same for couples who report high levels of provided and received support as for couples who report low levels of support. Different processes or mechanisms could account for these differences, thus different predictors could be important. Gant and colleagues (1999) tried to solve this problem by building a sum score, i.e., they added up the total z-scores of provided and received social support. They found different results than for the discrepancy score, namely a significant multiple regression equation and also more significant regression coefficients for single predictors, e.g., closeness and dyadic intimacy, but not for personality traits. Although their idea overcomes the problem of different levels of social support, strictly speaking, a sum score does not reflect support agreement or disagreement because the same sum can result from different combinations of provided and received social support. In organizational research, Edwards (1993) suggests treating profile similarity indices as a vector of dependent variables. This approach might be applied to partnership research, too.

Outlook

As pointed out above, future studies should examine both sides of the story, that is, collect complete dyadic, longitudinal data in different dyads (e.g., couples, friends, relatives) to investigate determinants of support agreement. As this study has shown, transition-specific beliefs are influential at return to work after maternity leave. We do not know whether collective self-efficacy beliefs are also influential with respect to other life changes. Therefore, clearly, other transitions or life situations should be examined, because the context might influence which determinants are important and when or from whom. Regarding the assessment of support agreement or disagreement, one could use alternative measures for comparison (e.g., profile similarity). Furthermore, the fact that there was no difference for forms of support in this study does not mean that there could not be a difference in other transitions.

In sum, although social support is a popular topic in psychological and sociological research, there is rather little research on the prediction of provided-received support discrepancy. To our knowledge, this is the first study to investigate how provided-received support discrepancy can be predicted during an important transition, which is nowadays experienced by many families, i.e., mothers' return to work. We hope that our findings encourage others to pay more attention to both partners' experiences of this neglected life-span transition and the nature and prediction of provided-received support discrepancies in working couples.

PART II

Social Support, Unfulfilled Expectations and Affective Well-Being On Return to Work after Maternity Leave

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Abstract

In a longitudinal study, we investigated how social support from the partner and expectations of this support impacted on the affective well-being of 292 mothers on return to work after maternity leave. Four forms of social support were differentiated: emotional, instrumental, informational, and companionship support. Participants filled out questionnaires two weeks before re-entry and then one month and two months afterwards. Social support was associated with well-being, with emotional support having the biggest impact. Overall, received support was more relevant than unfulfilled expectations of support. Moreover, mean levels of all forms of received support changed over time – after a drop at the beginning of re-entry, they increased again two months after starting back at work. Most unfulfilled expectations were experienced in emotional and companionship support.

Nowadays, working women are the rule in industrialized countries and the proportion they constitute in the labor force continues to rise (United States Department of Labor, Bureau of Labor Statistics, 2008). This is due in part to the fact that many women return to work after becoming a mother, be it after several weeks or some months or years following childbirth. Although this return to work after maternity leave is a common transition for many women, it has been largely overlooked by psychological research. Transition phases require the ability to cope with a changing position at the workplace as the result of a modification in role, setting or both (Bronfenbrenner, 1979; Cowan, 1991; Schulenberg, Bryant, & O'Malley, 2004). Returning to work means that women have to reorganize family life (e.g., childcare, household, leisure activities), adapt to the new situation at the workplace (e.g., social integration, acquiring organizational knowledge), and, if it was their first maternity leave, adapt to the new role of being a “working mother”. Social support from the partner might be an important resource in enabling women to deal with this transition. This longitudinal study investigates how different forms of received social support from the partner, i.e. supportive behavior from the partner as reported by the women themselves (B. R. Sarason et al., 1990), influences affective well-being during the re-entry phase. In our view, well-being during this transition can be conceptualized as one aspect of subjective adjustment success. Affective well-being in particular facilitates a balanced investigative approach (i.e., positive and negative effects) and might also be more sensitive to change than other measures of well-being (e.g., life satisfaction). Moreover, we also investigate the impact of support expectations. We anticipate that support from the partner has a positive influence on affective well-being during this transition period and that (un)met support expectations have an additional impact. Finally, we analyze support-related changes over time.

Social Support

“Social support” is defined as “acts that demonstrate responsivity to another’s needs” (Cutrona, 1996b, p. 17). The partner is particularly important as a provider of support, because most people turn to their spouses first in times of need (e.g., Beach et al., 1996). We differentiate between four forms of social support: emotional, instrumental, informational, and companionship support (for a review see, e.g., Cutrona, 1996b; Vaux, 1988). *Emotional support* is provided, for example, by listening, expressing concern, and love. *Instrumental support* comprises practical assistance, for example helping with household tasks or childcare. *Informational support* includes giving advice or outlining the pros and cons of a decision. *Companionship support* involves shared leisure and quality time that is intended to lead to recreation and enjoyment (cf. Cohen & Wills, 1985; Rook, 1987b).

It is important not only to differentiate between forms of received social support but also to consider their timing. For example, there is some evidence that informational support can have a detrimental effect on well-being, because it can be perceived as a threat to one’s competence in the respective area (e.g., Carels & Baucom, 1999; Cutrona & Suhr, 1992). This perception could change during a transition: Women might want advice regarding their job at the beginning of their return to work, whereas they might refuse it later on when they feel competent in their new role. It has indeed been shown that the impact of social support on well-being is time-dependent (e.g., Bolger et al., 2000; Lepore et al., 1991; Trickett & Buchanan, 1996). Social support has even been called a “dynamic coping resource” (Lepore et al., 1991, p. 904). Using a particular transition phase as the ecological context keeps the timing constant for all participants while enabling an examination of changes in associated patterns of support and well-being over time. Based on studies demonstrating that social support is particularly beneficial in times of acute stress (Cohen & Wills, 1985; Linville, 1987), we expect social support to most strongly affect well-being at the start of job re-entry.

Social Support and Well-Being

Social support has been found to be strongly linked to health and well-being (e.g., Berkman, 2000; Cohen & Wills, 1985; House, Landis et al., 1988). Cohen and Wills (1985) suggested that support has a calming influence on physiological processes. Findings by Klumb, Hoppmann and Staats (2006) in a sample of working parents corroborate this hypothesis: The time the spouse spent in the household, i.e., instrumental support, decreased the partner's cortisol concentration. A recent review by Uchino (2006) further supports this view. He summarized the positive effects of social support on several health-related physiological processes: It influences health behavior through, for example, positive role models and it influences psychological processes, such as appraisals of control. Studies found links between social support and, for instance, lower blood pressure, higher oxytocin levels, lower cortisol responses, and better immune function (Uchino, 2006).

There are several studies that confirm positive associations between social support and both general and domain-specific well-being, at least as a by-product. None of these studies, however, included measures of affective well-being during transition phases. Additionally, different forms of support were not always covered or, if so, this sometimes led to inconsistent results. In a cross-sectional study, Rook (1987b) found negative associations for companionship support with psychological symptoms (e.g., unhappiness, anger) and loneliness and a positive association with friendship satisfaction. In an interview study comprising 98 women, instrumental support was related to less psychological distress, and emotional support predicted greater psychological well-being (Abraido-Lanza, 2004). In a longitudinal study, social support from the family predicted increased family satisfaction and reduced strain (O'Driscoll, Brough, & Kalliath, 2004). In a daily diary study with chronic pain patients, social support had a main effect on negative mood the following day (Feldman, Downey, & Schaffer-Neitz, 1999). Dealing with transition, a longitudinal study focusing on

pregnant women demonstrated that social support predicted less postpartum depression (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993). Remarkably, Burke and Greenglass found that spousal support had no influence on well-being in a transition phase (1999), whereas Bolger and colleagues have shown that social support from a life partner has an increasing influence on a participant's well-being before an exam (2000).

To our knowledge, only one study deals explicitly with the role of social support on return to work after maternity leave, but does not investigate how it impacts on well-being. In a retrospective cross-sectional study by Feldman, Sussman, and Zigler (2004), “marital support”, which was assessed by two items measuring emotional and instrumental support from the partner, was associated with better adjustment to the new working conditions and a longer period of maternity leave. Work adjustment focuses on how women function in the work role, for example how well they perform at work (also compared to retrospective self-reports on performance prior to the birth) and the degree to which thoughts about the child interfere with job performance.

Forms of social support. The “matching hypothesis” states that the impact of social support depends on the fit between support and specific needs (e.g., Cohen & Wills, 1985; Cutrona & Russell, 1990; Frese, 1999). Cohen and Wills (1985) suggest that companionship and instrumental support are more helpful the more they fit the specific needs of the situation, whereas emotional and informational support fit a broader range of stressful events as long as informational support helps find strategies to deal with stressors or helps reappraise the situation. As mentioned above, informational support can be problematic if it is perceived as a threat to competence or, more generally, if it is unwanted. Consequently, emotional support should be applicable to more situations than other forms of support. Furthermore, emotional support has been related to uncontrollable stress and emotion-focused coping (e.g., Cutrona & Russell, 1990; Lazarus & Folkman, 1984). This might be the case particularly at the

beginning of the re-entry phase, when the situation is perceived as new and uncontrollable, but stress levels are probably still high two months after re-entry. Therefore, we may presume that emotional support also has the highest impact on affective well-being.

Hypothesis 1a. Social support from the partner is positively associated with positive affect and negatively associated with negative affect.

Hypothesis 1b. Emotional support has the highest impact on affective well-being compared to other forms of received social support.

Expectations

The support women receive from their partners might not be the only important factor of social support that influences affective well-being. Their expectations may also play a key role. According to Kelley and Thibaut's social exchange theory (1978), discrepancies between expectations and the status quo lead to dissatisfaction. Likewise, individuals strive for consistency, thus, unmet expectations might be perceived as a stressor (Aronson, 1968; Festinger, 1959; Heider, 1958; Swann, 1990). Please note that we use the terms unfulfilled or unmet expectations to refer to disappointed expectations in terms of the amount of social support received, whereas fulfilled expectations refers to the fulfillment of explicitly formulated support expectations.

Cutrona (1996a) considers unfulfilled expectations of social support as a major source of distress in marriages. In a study involving 50 student couples, she found that unfulfilled expectations were associated with lower support satisfaction, even if partners received more support than expected. However, support expectations were not assessed directly but approximated by a general measure of perceived support from the spouse. In the research on the transition to parenthood, studies following the unmet expectations framework found worse adjustment when expectations were not met (e.g., Belsky, 1985; Hackel & Ruble, 1992). For example, Kalmuss, Davidson, and Cushman (1992) have shown that unfulfilled

expectations of first-time mothers regarding their partner's provision of care (i.e., instrumental support) after childbirth led to a decline in well-being and a worse adjustment to parenthood, regardless of the amount of support they actually received. Adjustment to parenthood was conceptualized by the ease of transition, feelings of satisfaction with their lives, and levels of stress. In a study focusing on first-time mothers, Logsdon, McBride, and Birkimer (1994) found that discrepancies between expected and received support were correlated with postpartal depression. In another study with first-time mothers, unfulfilled expectations were associated with lower postnatal mood and poorer relationship adjustment (Harwood, McLean, & Durkin, 2007). Expectant parents expect fathers to be more involved in childcare than they actually are when the child is born. Moreover, expectations about the (equal) division of household tasks are often not met (cf. Nicolson, 1990; Ruble, Fleming, Hackel, & Stangor, 1988). Finally, women with unmet expectations reported more negative feelings about their partners (Hackel & Ruble, 1992; Ruble et al., 1988).

Based on the aforementioned assumptions and findings, we assume that support expectations predict affective well-being on return to work. This factor should add to the impact of received social support. As argued in Hypothesis 1b we assume that *emotional* support has the strongest impact on affective well-being. Hence, we suggest that unfulfilled emotional support expectations also have particularly strong consequences for affective well-being.

Hypothesis 2a. Unmet expectations are positively associated with negative affect and negatively associated with positive affect.

Hypothesis 2b. Unmet emotional support expectations have the greatest impact on affective well-being compared to unmet expectations for other forms of social support.

Overall, we expect that support expectations influence affective well-being beyond received social support. Moreover, we assume that influences of received support and support

expectations on affective well-being are very immediate, because received support is not a stable trait but depends on actual support transactions. Furthermore, the amount of received support and the positive and negative affect are all especially likely to change during a transition. Therefore, this study investigates the hypotheses from a cross-sectional perspective. It is also important to consider how associations between received support and/or support expectations and affective well-being change over time. As new demands have to be dealt with (e.g., combining work and family lives), expectations of the amount of social support required might increase (at least from the time before re-entry to the time immediately afterwards) but expectations of the most desired forms of support may also change (e.g., expectations of instrumental support, such as childcare, might increase). Although women in long-term relationships have built up a certain standard or comparison level (CL; Thibaut & Kelley, 1959) on the behavior that can be expected from their partners, women might change their expectation level as circumstances change during a transitional phase. Women may not only change their expectations but also actively mobilize social support, thereby raising the level of received support. It is also likely that men want to help to keep their partners satisfied, especially in times of increased stress, and see themselves as kind and caring, thus providing more social support. If both support expectations and received social support increase over time, the discrepancies might remain unaffected by the transition. Therefore, we assume that mean levels of received social support and support expectations change over time, whereas the perception of unmet expectations remains mainly unaffected.

Hypothesis 3. Women report more received social support at the beginning of re-entry than before re-entry.

Finally, we want to explore the strength or pattern of associations between support and affective well-being. Here, two opposing outcomes are plausible: On the one hand, while

mean levels might change, patterns might remain the same because the same psychological mechanisms are active. On the other hand, the opposite is also plausible: Social support might be particularly influential at the most troubled phases, i.e., immediately after re-entry.

Method

This study is part of a longitudinal project on successful re-entry into working life after maternity leave. As participants, we were looking for women who were currently taking maternity leave but planned to return to work within the next few weeks. We recruited them in the German-speaking part of Switzerland (our primary region of recruitment), in Germany, and in Austria by advertising in magazines, newspapers, and on Internet platforms, by asking pediatricians, gynecologists, kindergartens, daycare centers, midwives, career advisers, HR departments of large companies, and hospitals to hand out flyers, and by asking professional women's organizations to distribute recruitment letters to their members via e-mail. For this study, we analyzed data from three self-report questionnaires. The first measurement (T1) took place two weeks before the first day back at work; the second questionnaire was filled out one month after re-entry (T2), and the third two months after re-entry (T3). Depending on how many questionnaires women filled out, they received up to 110 Swiss francs for participation and were entered into two prize draws. Questionnaires were sent out with pre-stamped envelopes to encourage participation.

Participants

301 women completed the first questionnaire, 267 women filled out the second one, and 235 women filled out the third. Women who were not in a stable relationship at T1 were excluded from the analyses. Thus, we analyzed a final sample of $N_1 = 292$ women, $N_2 = 259$ women, and $N_3 = 228$ women. The following sample descriptions apply to information given at T1. 74.7 % of the women lived in Switzerland, 13.7 % in Germany, and 11.6 % in Austria. They were between 20 and 53 years old ($M = 34.24$ years; $SD = 5.25$ years). By definition, all

of them had been in a stable relationship for an average of 9.53 years ($SD = 5.61$). 283 participants lived with their partner in the same household. 159 participants had one child, 97 had two children, and 45 had three or more children ($M = 1.61$, $SD = .79$). On average, the children were $M = 2.88$ years old ($SD = 4.05$). 58.5 % of the women had an advanced university degree, and they were working in a broad range of occupations for an average of $M = 21.48$ hours a week ($SD = 9.19$). Their partners worked $M = 44.12$ hours a week ($SD = 9.26$). The high number of women working part-time, i.e., less than 90% of the work quota (94.4 %), is not surprising. The majority of working mothers in Switzerland have part-time positions; this also is also true of mothers with preschool and school-aged children in Austria and Germany (Massarelli, 2009). The average leave duration is 23.46 months ($SD = 37.48$). 64.2 % of the women return to the organization they were working for before their leave. For 202 women (71.2 %) this was their first return to work after maternity leave.

Measures

The following section describes the instruments used for the subsequent analyses. Cronbach's alphas and inter-correlations are displayed in Table 3.

Received social support from the partner. Support from the partner was assessed with a newly-developed questionnaire consisting of 26 items on emotional (e.g., "He shows a great deal of understanding for my worries"), instrumental ("He takes care of things for me when I have a lot to do."), informational ("He makes suggestions about what I can do."), and companionship support ("He organizes shared activities."). Some of the items on emotional, instrumental and informational support were taken from Winkeler and Klauer (2003). We used a 5-point scale ranging from "never" (1) to "very often" (5). In a confirmatory factor analysis, the 4-factor model was superior to the 1-factor model in all measurement points

Table 3

Means, Standard Deviations, Internal Consistencies, and Inter-Correlations for Main Variables ($N_1 = 292$, $n_2 = 259$, $n_3 = 228$)

	1.	2.	3.	4.	5.	6.	7.	8.
<i>Received social support</i>								
1. Rec. emotional supp. T1	.89							
2. Rec. instrumental supp. T1	.44*	.87						
3. Rec. informational supp. T1	.39*	.29*	.78					
4. Rec. companion. supp. T1	.37*	.34*	.34*	.79				
5. Rec. emotional supp. T2	.68*	.36*	.27*	.33*	.92			
6. Rec. instrumental supp. T2	.26*	.65*	.15*	.23*	.45*	.86		
7. Rec. informational supp. T2	.31*	.26*	.57*	.28*	.46*	.33*	.84	
8. Rec. companion. supp. T2	.25*	.23*	.17*	.55*	.44*	.36*	.27*	.81
9. Rec. emotional supp. T3	.63*	.29*	.22*	.23*	.73*	.26*	.37*	.36*
10. Rec. instrumental supp. T3	.18*	.59*	.08	.17*	.30*	.74*	.25*	.27*
11. Rec. informational supp. T3	.32*	.22*	.53*	.31*	.35*	.19*	.65*	.34*
12. Rec. companion. supp. T3	.23*	.21*	.14*	.49*	.28*	.24*	.17*	.68*
<i>Discrepancies</i>								
13. Disc. emotional supp. T1	-.63*	-.28*	-.21*	-.25*	-.46*	-.16*	-.14*	-.22*
14. Disc. instrumental supp. T1	-.31*	-.53*	-.15*	-.19*	-.25*	-.45*	-.09	-.09
15. Disc. informational supp. T1	-.37*	-.19*	-.40*	-.22*	-.27*	-.10	-.23*	-.10
16. Disc. companion. supp. T1	-.27*	-.20*	-.13*	-.45*	-.21*	-.15*	-.07	-.28*
17. Disc. emotional supp. T2	-.48*	-.26*	-.19*	-.23*	-.57*	-.31*	-.25*	-.31*
18. Disc. instrumental supp. T2	-.25*	-.44*	-.14*	-.21*	-.28*	-.61*	-.21*	-.23*
19. Disc. informational supp. T2	-.28*	-.26*	-.23*	-.18*	-.33*	-.31*	-.33*	-.18*
20. Disc. companion. supp. T2	-.27*	-.16*	-.12	-.31*	-.30*	-.21*	-.10	-.46*
21. Disc. emotional support T3	-.40*	-.18*	-.21*	-.19*	-.40*	-.13*	-.24*	-.23*
22. Disc. instrumental supp. T3	-.14*	-.39*	-.03	-.14	-.18*	-.46*	-.16*	-.20*
23. Disc. informational supp. T3	-.16*	-.19*	-.28*	-.14	-.19*	-.12	-.28*	-.17*
24. Disc. companion. supp. T3	-.15*	-.10	-.04	-.32*	-.17*	-.10	-.05	-.36*
<i>Expectation fulfillment</i>								
25. Expectation fulfill. T1-T2	.29*	.31*	.17*	.24*	.40*	.40*	.32*	.39*
26. Expectation fulfill. T2-T3	.16*	.18*	.03	.17*	.29*	.30*	.27*	.25*
<i>Affective well-being</i>								
27. Positive affect T1	.25*	.15*	.11	.04	.16*	.19*	.09	.06
28. Positive affect T2	.17*	.06	.02	.08	.21*	.12	.13*	.13
29. Positive affect T3	.23*	.16*	.02	.18*	.23*	.24*	.09	.26*
30. Negative affect T1	-.21*	-.03	.02	-.02	-.17*	-.01	-.01	-.08
31. Negative affect T2	-.25*	-.12	.05	-.13	-.30*	-.11	-.10	-.21*
32. Negative affect T3	-.18*	-.06	.11	-.13	-.22*	-.06	.01	-.20*
<i>M</i>	3.60	3.44	2.92	2.30	3.47	3.30	2.83	2.30
<i>SD</i>	0.78	0.85	0.82	0.78	0.87	0.87	0.83	0.78

Note. * $p < .05$, Cronbach's alphas are displayed in the diagonal.

Table 3 (continued)

	9.	10.	11.	12.	13.	14.	15.	16.
<i>Received social support</i>								
1. Rec. emotional supp. T1								
2. Rec. instrumental supp. T1								
3. Rec. informational supp. T1								
4. Rec. companion. supp. T1								
5. Rec. emotional supp. T2								
6. Rec. instrumental supp. T2								
7. Rec. informational supp. T2								
8. Rec. companion. supp. T2								
9. Rec. emotional supp. T3	.90							
10. Rec. instrumental supp. T3	.31*	.88						
11. Rec. informational supp. T3	.49*	.22*	.85					
12. Rec. companion. supp. T3	.36*	.32*	.27*	.85				
<i>Discrepancies</i>								
13. Disc. emotional supp. T1	-.44*	-.11	-.15*	-.19*	-			
14. Disc. instrumental supp. T1	-.21*	-.42*	-.05	-.14*	.43*	-		
15. Disc. informational supp. T1	-.30*	-.07	-.26*	-.13	.42*	.40*	-	
16. Disc. companion. supp. T1	-.21*	-.13	.01	-.28*	.42*	.39*	.41*	-
17. Disc. emotional supp. T2	-.46*	-.22*	-.21*	-.18*	.59*	.36*	.37*	.29*
18. Disc. instrumental supp. T2	-.21*	-.50*	-.14*	-.20*	.33*	.55*	.25*	.35*
19. Disc. informational supp. T2	-.29*	-.21*	-.20*	-.15*	.33*	.34*	.44*	.27*
20. Disc. companion. supp. T2	-.30*	-.15*	-.18*	-.35*	.45*	.32*	.34*	.54*
21. Disc. emotional support T3	-.55*	-.13	-.33*	-.25*	.49*	.24*	.37*	.20*
22. Disc. instrumental supp. T3	-.19*	-.54*	-.18*	-.22*	.19*	.47*	.20*	.25*
23. Disc. informational supp. T3	-.30*	-.07	-.35*	-.15*	.27*	.16*	.38*	.14
24. Disc. companion. supp. T3	-.27*	-.12	-.15*	-.45*	.31*	.26*	.24*	.49*
<i>Expectation fulfillment</i>								
25. Expectation fulfill. T1-T2	.29*	.33*	.26*	.25*	-.20*	-.21*	-.13*	-.11
26. Expectation fulfill. T2-T3	.34*	.37*	.27*	.29*	-.09	-.07	-.05	-.06
<i>Affective well-being</i>								
27. Positive affect T1	.21*	.19*	.07	.11	-.22*	-.18*	-.16*	-.09
28. Positive affect T2	.17*	.05	.18*	.07	-.11	-.03	.00	.02
29. Positive affect T3	.28*	.24*	.23*	.24*	-.18*	-.11	-.09	-.13
30. Negative affect T1	-.21*	-.01	-.05	-.12	.33*	.14*	.22*	.06
31. Negative affect T2	-.25*	-.09	-.12	-.18*	.29*	.14*	.08	.04
32. Negative affect T3	-.28*	-.09	-.13	-.17*	.22*	.07	.10	.12
<i>M</i>	3.48	3.26	2.75	2.06	1.20	0.91	0.57	1.26
<i>SD</i>	0.83	0.86	0.86	0.84	1.09	0.99	0.86	1.10

Note. * $p < .05$, Cronbach's alphas are displayed in the diagonal.

Table 3 (continued)

	17.	18.	19.	20.	21.	22.	23.	24.
<i>Received social support</i>								
1. Rec. emotional supp. T1								
2. Rec. instrumental supp. T1								
3. Rec. informational supp. T1								
4. Rec. companion. supp. T1								
5. Rec. emotional supp. T2								
6. Rec. instrumental supp. T2								
7. Rec. informational supp. T2								
8. Rec. companion. supp. T2								
9. Rec. emotional supp. T3								
10. Rec. instrumental supp. T3								
11. Rec. informational supp. T3								
12. Rec. companion. supp. T3								
<i>Discrepancies</i>								
13. Disc. emotional supp. T1								
14. Disc. instrumental supp. T1								
15. Disc. informational supp. T1								
16. Disc. companion. supp. T1								
17. Disc. emotional supp. T2	-							
18. Disc. instrumental supp. T2	.50*	-						
19. Disc. informational supp. T2	.53*	.45*	-					
20. Disc. companion. supp. T2	.51*	.48*	.43*	-				
21. Disc. emotional support T3	.62*	.29*	.40*	.39*	-			
22. Disc. instrumental supp. T3	.39*	.55*	.38*	.30*	.39*	-		
23. Disc. informational supp. T3	.33*	.20*	.48*	.21*	.50*	.36*	-	
24. Disc. companion. supp. T3	.33*	.28*	.32*	.56*	.42*	.43*	.35*	-
<i>Expectation fulfillment</i>								
25. Expectation fulfill. T1-T2	-.27*	-.27*	-.25*	-.18*	-.25*	-.31*	-.19*	-.12
26. Expectation fulfill. T2-T3	-.21*	-.20*	-.19*	-.16*	-.34*	-.37*	-.24*	-.31*
<i>Affective well-being</i>								
27. Positive affect T1	-.21*	-.19*	-.27*	-.12	-.16*	-.15*	-.13	-.14*
28. Positive affect T2	-.22*	-.15*	-.11	-.10	-.16*	-.04	-.12	-.07
29. Positive affect T3	-.21*	-.16*	-.22*	-.23*	-.20*	-.23*	-.12	-.30*
30. Negative affect T1	.22*	.14*	.22*	.17*	.17*	.03	.09	.16*
31. Negative affect T2	.27*	.21*	.16*	.16*	.13	.05	.10	.10
32. Negative affect T3	.15*	.13	.15*	.16*	.17*	.12	.08	.20*
<i>M</i>	1.06	0.99	0.69	1.26	1.04	0.92	0.53	1.25
<i>SD</i>	1.08	1.04	0.92	1.09	1.09	1.03	0.81	1.12

Note. * $p < .05$, Cronbach's alphas are displayed in the diagonal.

Table 3 (continued)

	25.	26.	27.	28.	29.	30.	31.	32.
<i>Received social support</i>								
1. Rec. emotional supp. T1								
2. Rec. instrumental supp. T1								
3. Rec. informational supp. T1								
4. Rec. companion. supp. T1								
5. Rec. emotional supp. T2								
6. Rec. instrumental supp. T2								
7. Rec. informational supp. T2								
8. Rec. companion. supp. T2								
9. Rec. emotional supp. T3								
10. Rec. instrumental supp. T3								
11. Rec. informational supp. T3								
12. Rec. companion. supp. T3								
<i>Discrepancies</i>								
13. Disc. emotional supp. T1								
14. Disc. instrumental supp. T1								
15. Disc. informational supp. T1								
16. Disc. companion. supp. T1								
17. Disc. emotional supp. T2								
18. Disc. instrumental supp. T2								
19. Disc. informational supp. T2								
20. Disc. companion. supp. T2								
21. Disc. emotional support T3								
22. Disc. instrumental supp. T3								
23. Disc. informational supp. T3								
24. Disc. companion. supp. T3								
<i>Expectation fulfillment</i>								
25. Expectation fulfill. T1-T2	.59							
26. Expectation fulfill. T2-T3	.37*	.63						
<i>Affective well-being</i>								
27. Positive affect T1	.07	.28*	.79					
28. Positive affect T2	.14*	.22*	.37*	.81				
29. Positive affect T3	.23*	.33*	.45*	.44*	.78			
30. Negative affect T1	-.04	-.17*	-.56*	-.19*	-.28*	.79		
31. Negative affect T2	-.18*	-.17*	-.28*	-.63*	-.31*	.39*	.75	
32. Negative affect T3	-.15*	-.28*	-.30*	-.29*	-.57*	.48*	.52*	.75
<i>M</i>	4.13	3.96	3.61	3.57	3.69	2.23	2.22	2.15
<i>SD</i>	1.21	1.18	0.64	0.65	0.61	0.83	0.76	0.73

Note. * $p < .05$, Cronbach's alphas are displayed in the diagonal.

(e.g., at T1, $\chi^2 = 690.68$, $df = 293$, $p < .001$; $\chi^2/df = 2.36$; CFI = .87, RMSEA = .07 versus $\chi^2 = 1532.38$, $df = 299$, $p < .001$; $\chi^2/df = 5.13$; CFI = .60, RMSEA = .12). Several items, however, showed unexpected loadings on different subscales, and we were able to improve the model fit by deleting them (e.g., at T1, $\chi^2 = 446.27$, $df = 203$, $p < .001$; $\chi^2/df = 2.20$; CFI = .91, RMSEA = .06). The final instrument contained 22 items: 7 items measuring emotional support and 5 items each measuring instrumental, informational, and companionship support.

Expected social support from the partner. The assessment of *support expectations* was two-fold. First, we asked women if the received amount of each form of social support from the partner was consistent with what they had wished for (e.g., “Was the amount of emotional support consistent with your wishes?”). The rating scale ranged from 1 (“I wished for less emotional support”) to 7 (“I wished for more emotional support”) to assess the received amount of social support relative to the expected amount, with 4 indicating that the woman’s expectations were met (cf. The Marital Comparison Level Index, Sabatelli, 1984). As women almost never wished for *less* partner support, we only chose the values from 4 to 7 and recoded them to create a new scale ranging from 0 to 3 to indicate the discrepancy between expected and actually received social support, with 0 meaning that expectations were met and 3 meaning “I wished for more support”, i.e. higher values indicate greater discrepancy.

The second measure was based on a combined ideographic-nomothetic approach: At T1, we asked women to freely list three expectations for the first two weeks after return to work. At T2 they did the same, but we also listed the expectations they had specified at T1 and asked whether they had been fulfilled. The scale ranged from 1 (“worse than expected”) to 7 (“better than expected”) with 4 indicating that the expectation had been met, i.e. higher values indicate stronger expectation fulfillment. In addition, the freely listed expectations were coded as either emotional, instrumental, informational, or companionship support by

two independent raters (student research assistants unaware of our hypotheses). Inter-rater reliability ranged from .82 to .92 (Cohen's κ) for the different forms and measurement points. The absolute frequencies from T1 to T3 clearly show that most women expect instrumental (listed 1060 times) and emotional support (570 times), whereas companionship and informational support were mentioned less often (290 and 74 times respectively). Examples of specifications are "more understanding of the pressure I am under" or "encouragement" for emotional expectations, "cooking once a week" or "taking the children to kindergarten" for instrumental expectations, "advice regarding my job" for informational support, and "taking more initiative regarding our free-time" or "arranging for distraction and recreation" for companionship expectations.

Affective well-being. Positive affect (PA) and negative affect (NA) were measured with six items each, e.g., "active," "content," or "strong" for positive affect, "nervous," "worried," or "anxious" for negative affect. Seven items were taken from the German version of the Positive and Negative Affect Schedule (PANAS; Krohne, Egloff, Kohlmann, & Tausch, 1996), and five items were taken from the multidimensional mood questionnaire (MDBF; Steyer, Schwenkmezger, Notz, & Eid, 1994). Items had to be rated on a 5-point Likert scale (1 = "not at all", 5 = "very much").

Drop-out analyses

As mentioned above, not all participants filled out each questionnaire. Thus, we conducted drop-out analyses from T1 to T2 and from T2 to T3 for key variables of this study. Women who quit after T1 had a lower negative affect at T1 than the remaining sample ($t[290] = -2.24, p < .05, d = -.41$). Women who did not fill out the third questionnaire received less companionship support from their partners at T2 than the other women ($t[238] = 2.19, p < .05, d = .43$), were slightly older ($t[287] = -2.03, p < .05, d = -.29$) and had on average more children ($t[289] = -1.99, p < .05, d = -.28$).

Results

We conducted hierarchical regression analyses to test the prediction of positive and negative affect (H1 and H2) and analyses of variance (repeated measures) to test mean level changes (H3). In the regression analyses, we used the outcome of the previous measurement point as the control variable (step 1), then entered forms of received social support (step 2) and unmet support expectations (step 3), both assessed at the same measurement point as the outcome. Finally, we included expectation fulfillment (step 4) from T1 to T2 in the regression of affective well-being at T2, and from T2 to T3 in the regression of affective well-being at T3. Note that steps 1 and 4 are not possible for the prediction of affective well-being at T1. Results are summarized in Table 4.

Positive affect. At T1, i.e. before re-entry, received emotional support is the only significant predictor of positive affect. At T2, positive affect at T1 significantly predicts positive affect at T2. No other single predictor is significant. At T3, all four steps significantly predict positive affect. On the level of single predictors, received emotional support, again, is a significant predictor of positive affect. Further predictors include a discrepancy in companionship support and the fulfillment of freely listed expectations toward social support from the partner. Overall, emotional support and expectation fulfillment are positively associated with positive affect, whereas the only significant form of discrepancy (i.e., companionship) is negatively associated with positive affect.

Negative affect. At T1, both received social support and discrepancies significantly predict negative affect. On the single predictor level, received informational support *positively* predicts negative affect; the discrepancies in emotional support and informational support are also positively associated with negative affect. The discrepancy in companionship support, however, shows a *negative association with* negative affect, i.e. the higher the discrepancy, the less negative affect is indicated by the women. The discrepancy in emotional

Table 4

Received Social Support from the Partner, Discrepancy between Expected and Received Social Support and Fulfillment of Expectations for Partner Support as Predictors of Affective Well-Being (Hierarchical Regression Analyses; $N_1 = 292$, $N_2 = 259$, $N_3 = 228$)

Predictors (Steps)	Dependent variable											
	Positive affect						Negative affect					
	T1		T2		T3		T1		T2		T3	
	β	$R^2/\Delta R^2$	β	$R^2/\Delta R^2$	β	$R^2/\Delta R^2$	β	$R^2/\Delta R^2$	β	$R^2/\Delta R^2$	β	$R^2/\Delta R^2$
<i>Control</i>												
Outcome at previous measurement point	-	-	.31**	.11**	.36**	.17**	-	-	.34**	.17**	.48**	.29**
<i>Received support</i>												
Emotional	.20*		.07		.17*		-.10		-.28**		-.20*	
Instrumental	.01	.07**	-.12	.03*	.06	.10**	.05	.07**	.17*	.09**	.06	.03*
Informational	-.04		.04		.04		.10**		.03		.08	
Companionship	.00		.13		.04		-.08		-.14*		.02	
<i>Discrepancy</i>												
Emotional	-.08		-.10		.13		.32**		-.02		-.09	
Instrumental	-.05	.01	-.10	.01	-.10	.05**	-.03	.08**	.22*	.02	.05	.02
Informational	-.04		.03		.10		.19**		.00		-.07	
Companionship	.04		.11		-.21**		-.18*		-.12		.15*	
<i>Expectation fulfillment</i>	-	-	.05	.00	.13*	.01*	-	-	-.05	.00	-.16*	.02*

Note. Regression analyses with 3 steps at T1 and 4 steps at T2 and T3; unless stated otherwise, all predictors were assessed at the same measurement point as the outcomes. Betas from the final step of the models. One-tailed. * $p < .05$, ** $p < .01$. Positive affect, T1: $R = .28$ ($p < .05$); T2: $R = .40$ ($p < .001$); T3: $R = .57$ ($p < .001$). Negative affect, T1: $R = .40$ ($p < .001$); T2: $R = .53$ ($p < .001$); T3: $R = .61$ ($p < .001$).

support has the highest impact on negative affect. This pattern changes with actual return to work: Negative affect at T2 is negatively associated with received emotional and companionship support, whereas instrumental support has a positive impact on negative affect. However, expectation discrepancies do not significantly predict negative affect at T2 (although the discrepancy in expected instrumental support is a significant single predictor). At T3, expectation fulfillment is negatively associated with negative affect. With respect to received support, emotional support was a significant single predictor. With regard to discrepancies, discrepancy in companionship support predicted negative affect.

In summary, as expected, received social support positively predicted positive affect and negatively predicted negative affect at each measurement point, with emotional support being the strongest single predictor. There are two single findings in the opposite direction: Received informational support at T1 and instrumental support at T2 *positively* predicted negative affect. Results are inconsistent with regard to *unmet* expectations. Overall, when taking into account significant changes in R^2 , discrepancies only predicted positive affect at T3 and negative affect at T1. At T3, two months after job re-entry, discrepancies in companionship support consistently led to less affective well-being, but at T1 it was *negatively* associated with negative affect. As expected, discrepancies in emotional and informational support at T1 positively predicted negative affect. Expectation *fulfillment* as a different measure of support expectations significantly predicted positive and negative affect at T3 in the expected directions but not at T2. Overall, both positive and negative affect were better predicted by received social support than by expectations. Furthermore, as is to be expected in longitudinal studies, the most important well-being predictor at T2 and T3 was affective well-being at the previous measurement point.

Changes over time. All forms of received partner support changed over time (see Table 5 and Figure 1). They clearly decreased after T1, with the strongest effect size for

companionship support ($\eta^2 = .08$). Whereas – in line with our assumption – discrepancies did not change, expectation fulfillment decreased significantly from T2 to T3. It is also important to note that there were significant differences between forms of received support at all measurement points (see “Differences between types of social support” in Table 5): Women reported receiving more emotional than other forms of support, with companionship faring the worst. Discrepancies also differed significantly: Most unmet expectations were experienced in emotional and companionship support.

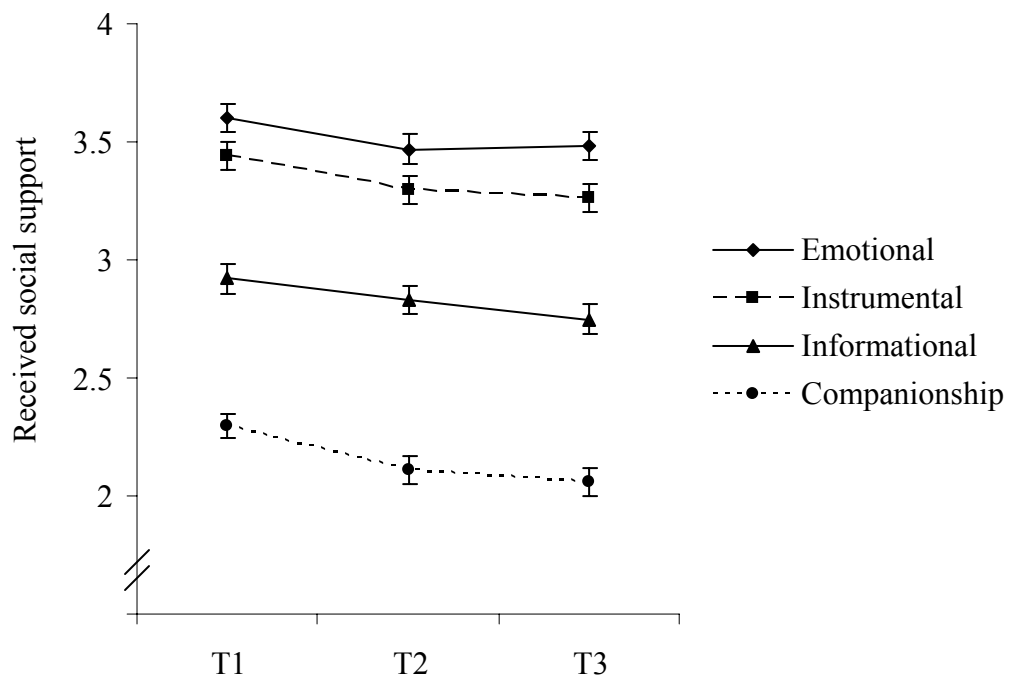


Figure 1. Mean level changes for each form of support (error bars represent standard errors).

Discussion

The aim of this paper was to investigate how received social support from the partner and expectations of this support impacted on the affective well-being of mothers returning to work after maternity leave. In a longitudinal study spanning two weeks before re-entry up to two months afterwards, mothers reported how much emotional, instrumental, informational, and companionship support they received from their partner and how strongly their

expectations were met. On the whole, this study has contributed to our knowledge about how spousal support affects women's well-being in view of challenges faced in an important transitional period, i.e., a mother's return to working life. We have shown that it is worthwhile to differentiate between forms of social support (emotional, instrumental, emotional, companionship) in terms of both potential mean level changes and in terms of their different impact on well-being over time. Emotional support is revealed to be of prime

Table 5

Repeated Measures ANOVAs of Main Study Variables ($N_1 = 292$, $N_2 = 259$, $N_3 = 228$): Differences between Forms of Received Social Support and Discrepancies at each Measurement Point and Changes over Time in Main Study Variables

	<i>F(df)</i>	<i>p</i>	η^2_{part}
<u>Differences between types of social support</u>			
<i>Received social support</i>			
T1	$F(3, 252) = 208.12$	$< .001$	.45
T2	$F(3, 234) = 196.18$	$< .001$	.46
T3	$F(3, 214) = 178.86$	$< .001$	.46
<i>Expectations</i>			
T1	$F(3, 236) = 36.00$	$< .001$	.13
T2	$F(3, 219) = 23.18$	$< .001$	.10
T3	$F(3, 204) = 32.10$	$< .001$	.14
<u>Changes over time</u>			
<i>Received social support</i>			
Emotional	$F(2, 220) = 10.25$	$< .001$	.05
Instrumental	$F(2, 221) = 9.01$	$< .001$	.04
Informational	$F(2, 215) = 3.29$	$< .05$	.02
Companionship	$F(2, 372.971) = 15.43$	$< .001$	.08
<i>Expectations</i>			
Emotional	$F(2, 214) = 1.30$	.27	.01
Instrumental	$F(2, 214) = 1.08$	.34	.01
Informational	$F(2, 204) = 2.29$	.10	.01
Companionship	$F(2, 183) = 1.40$	.25	.01
Expectation fulfillment	$F(1, 208) = 4.41$	$< .05$	.02
<i>Affective well-being</i>			
Positive affect	$F(2, 227) = 4.21$	$< .05$	.02
Negative affect	$F(2, 227) = 0.55$	.57	.00

Note. [†]Adjustment according to Greenhouse-Geisser.

importance when it comes to predicting affective well-being. The absolute level of received support was more relevant than unmet support expectations. However, disappointment with regard to companionship expectations turned out to add to the prediction of affective well-being.

Received social support. We assumed that received support positively predicts positive affect and negatively predicts negative affect and that emotional support exerts the strongest influence. In fact, we found that received social support positively predicted positive affect and negatively predicted negative affect equally at each measurement point, with emotional support being the strongest single predictor. Of course, emotional support and affective well-being are conceptually very close to each other. However, there is no conceptual overlap on the item level: For example, items assessing received emotional support do not include the fact that the partner improved a woman's feeling of well-being or anything similar. Two findings, however, were unexpected: Received informational support at T1 and instrumental support at T2 *positively* predicted negative affect. At least three explanations of this finding seem plausible: First, as mentioned in the introduction, there are findings showing that social support can be associated with decreased well-being, because it can be perceived as a threat to competence. In this regard, informational support can be particularly threatening, thereby associated with negative affect. However, one might assume that the threat only takes effect after a certain period time, when the situation is no longer new and the woman knows how to deal with her new role as a working mother. Second, it could also be the other way round: Supportive activities could be initiated as a *response* to negative affect (cf. Sarason et al., 1990), which might be interpreted as a signal for unsuccessful coping or "helplessness" by the partner. Third, it is also possible that the received social support was just not perceived as being helpful. We tested this assumption in our data and, as correlations between received social support and perceived helpfulness vary

between $r = .80$ and $.83$, it is safe to say that social support that has been received was also evaluated as being helpful. Overall, Hypotheses 1a and 1b are largely confirmed.

Expectations. With regard to expectations, we assumed that unmet expectations positively predict negative affect and negatively predict positive affect, and that unmet expectations towards emotional support have the highest impact. Results are inconsistent. Discrepancies only predicted positive affect at T3 and negative affect at T1, both in the expected directions, thus Hypotheses 2a and 2b cannot be supported at all measurement points.

With regard to the impact of different forms of social support, each form influenced affective well-being at any given measurement point, but very inconsistently. Immediately after re-entry into the working world, at T2, only a discrepancy in instrumental support increased negative affect. Unmet expectations in companionship support were a significant predictor in three analyses. At T3, two months after job re-entry, discrepancies in companionship support consistently led to less affective well-being, but at T1 it was *negatively* associated with negative affect, whereas discrepancies in emotional and informational support positively predicted negative affect, as was expected. In other words, the higher the discrepancy between received and expected companionship support, the less negative affect the mothers experienced at T1; at T3, unmet companionship expectations increased negative affect. Maybe women are more in need of distraction and quality time in the new situation; thus, disappointing these expectations has a stronger impact on well-being.

As Figure 2 shows, the frequency of freely listed companionship expectations does increase over time. Expectation fulfillment as a different measure of expectations significantly predicted positive and negative affect at T3 in the expected directions. Overall, only the assumption that unmet expectations are associated with affective well-being could be partly confirmed. However, unmet expectations did not have a greater influence on affective

well-being than received social support. Both positive and negative affect were better predicted by received social support than by expectations.

Changes over time. We hypothesized that women report the most received support at the beginning of re-entry at T2 (Hypothesis 3). Interestingly, however, received social support *dropped* on return to work. This finding also contradicts the postulation that in stressful situations social support is mobilized first but then decreases after a while (cf. social support deterioration deterrence model, Kaniasty & Norris, 1993; Norris & Kaniasty, 1996) and people retreat (e.g., Bolger et al., 1996; Quittner et al., 1990). One might think that women expected more support from their partners at the beginning of the re-entry process, thus it is evaluated against higher standards and perceived as being insufficient. However, as we assessed expectation discrepancies – which did not change over time – we can rule out this explanation. However, acute stress could influence a woman's perception so that she

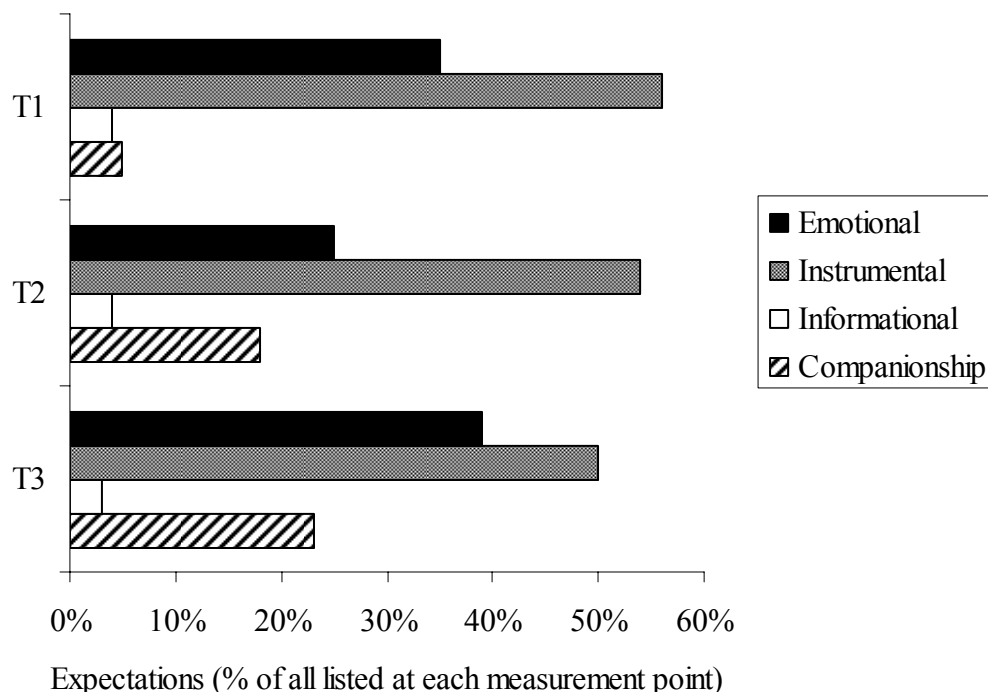


Figure 2. Number of freely listed social support expectations relative to other forms of social support for each measurement point.

does not notice her partner's supportive behavior (cf. the reasoning of Quittner et al., 1990). In other words, more provided support becomes "invisible" (for "invisible support" see Bolger et al., 2000). It would be interesting for future research to analyze the interaction between provided and received support over time in major life transitions. A woman's return to work might also increase her partner's stress levels and reduce his capacity to be supportive (i.e., provided support). Or the couple might not spend the same amount of time together as before, thereby lessening the opportunities for supportive interaction. This could also explain the increasing wish for companionship support.

Strengths and Limitations of the Study

The return to work after maternity leave has been largely overlooked by psychological research, particularly the investigation of factors facilitating successful re-entry. This study tapped into this lack by focusing on subjective well-being and on social support as one factor that might contribute to well-being as one aspect of subjective success during this transition. Additional strengths of this study include its focus on different forms of social support, both in terms of received support and unmet expectations, and in assessing their relative impact. Also, contrary to many other studies, we used a longitudinal design and also collected data before re-entry.

One criticism that could be leveled at this study is the fact that it concentrates on subjective evaluations by the women themselves. In our view, however, this is not a limitation because that is precisely what we were interested in: *subjective* constructions of social support and subjective well-being. Of course, it would be interesting to look at evaluations by others for a comparison, but that would go beyond the scope of this paper. Methodologically, it would be preferable to improve the assessment of unmet expectations with regards to different forms of supportive behavior, as we only used one item for each.

Further research could investigate whether the findings apply to other life transitions and other sources of social support. The impact of different sources of social support on well-being could change during the transition. For example, a supportive work environment could be particularly influential at the beginning of the socialization process. Moreover, it might be interesting to investigate this transition from the male point of view: How does a woman's return to work affect her partner's well-being? One could also look at the interplay between different forms of social support and unmet expectations in an everyday situation with a more fine-tuned design, e.g. using the experience sampling method. Furthermore, the combined effect of social support and personal resources, such as a woman's own life-management strategies, on well-being would be an interesting option for further investigation.

As companionship expectations turned out to be particularly influential, future research should be conducted on this form of support. This might comprise analyzing the mechanisms that mediate its effects (e.g., to feel distracted or flattered; see Rook, 1987b) but also predicting how companionship evolves and changes in long-term relationships in different phases of the family life-cycle. Another important route to take from here is to focus more attention on other transitions (e.g., the transition into retirement) to continue disentangling the effects of different forms of social support, both in terms of the level of support actually received and unmet expectations.

PART III

Social Support from Work and Family Domains as an Antecedent or Moderator of Work-Family Conflicts?

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Abstract

Using Conservation of Resources theory, we investigated how social support from supervisor, co-workers, life partner, and family members is associated with work-family conflicts in $N = 107$ working mothers. We used data from a cross-sectional questionnaire and a standardized diary to examine two possible forms of interplay: (a) social support as an antecedent of work-family conflicts, and (b) moderating effects of social support on the relationship between domain-specific strain and work-family conflicts. Overall, results favored social support as an antecedent of work-family conflicts.

Women at work and dual-earner families are increasingly becoming the rule. This is due in part to the increasing number of working mothers: In the United States, three out of four mothers work (Statistics, 2008). The situation is similar in Switzerland (Romans, 2008). Interference between work and family life, here termed “work-family conflicts,” is common, particularly for women, who often report more stress, overload, and work-family conflicts than men (e.g., van Daalen et al., 2006). Social support from different sources has been shown to be associated with work-family conflicts (e.g., Carlson & Perrewé, 1999; Cohen & Wills, 1985). Most studies of support from supervisors and spouses have been cross-sectional. This study used both a cross-sectional questionnaire and a standardized diary format to study the interplay of the social support provided by supervisors, co-workers, spouses, and family with work-family conflicts and domain-specific strain in the daily lives of working mothers. It investigated whether social support is an antecedent or a moderator in this interplay.

Conservation of Resources and Social Support

The Conservation of Resources (COR; Hobfoll, 1989, 2001) and social support resource (Hobfoll et al., 1990) theories serve as the main theoretical bases for this study. According to COR, people are motivated to preserve and protect their resources and expand their resource pool. Resources are defined as objects, external conditions, personal characteristics, or energies that are valued in their own right by the individual and the cultural environment, or that are instrumental in obtaining valued goals and outcomes. Stress occurs if these resources are threatened or lost, or if resource investment does not result in the desired resource gain. More specifically, the occurrence of stress and its outcomes depends on how the resources fit the demands (Hobfoll, 2001).

Social support represents a key social resource, and has two functions: It is self-defining and instrumental in protecting existing resources and obtaining new ones. Hobfoll

and Stokes (1988, p. 499) define social support as “social interactions or relationships that provide individuals with actual assistance or with a feeling of attachment to a person or group that is perceived as caring or loving”. This also includes informational support, i.e. providing advice and guidance. Resources are needed to deal with the increasing demands and stress. All resources are finite and can be consumed, but additionally Hobfoll’s theory suggests that the use of social support as a resource comes at a cost. It can threaten a person’s competence, create an unwillingness to subjugate, necessitate the obligation to repay a favor, or awaken the anxiety of becoming dependent on someone.

This study analyzed the interplay between the four different *sources* of social support (supervisors, co-workers, partners, and other family members) and work-family conflicts. More specifically, it investigated two possible interrelations: (a) Social support as an *antecedent* of work-family conflicts, i.e. influencing domain-specific strain, thereby influencing work-family conflicts; (b) social support as a *buffer* of the relationship between strain and work-family conflicts. Two forms of measurement were used: a cross-sectional questionnaire and a standardized *diary* format. Diary data is particularly useful for assessing processes in everyday life as it is subject to less retrospective bias (Bolger, Davis, & Rafaeli, 2003); and diary data enables even small changes to be detected. Indeed, it can be assumed that the influence of support on daily work-family conflicts is swift. Williams and Alliger (1994) differentiated between three levels of analysis of work and family experiences: (1) The first level focuses on immediate experiences, current thoughts and feelings, and everything that is happening now, assessed by the experience sampling method. (2) The second level is measured by end-of-day diaries: short-term judgments, where a person has only a short time to reflect only a short time-period, whereas on the third level (3), people make global, long-term evaluations of their experiences in a survey. The authors argue that the third level is appropriate if general patterns of stable variables are of interest, whereas

diary data provides more detailed and accurate information about work and family experiences.

Consequently, the use of daily diaries is particularly appropriate and effects should be even more pronounced at a synchronous, cross-sectional level. The results of questionnaire and diary assessments might be qualitatively different, with questionnaire data reflecting more global self-constructions, for example social support as a relatively stable construct (Sarason, Sarason, & Shearin, 1986), and micro-longitudinal diary data providing greater scope for assessing daily perceptions of enacted support. Furthermore, a micro-longitudinal diary study enables observation of time-lagged associations that can also answer questions like: Does social support lead to fewer conflicts the next day, or do conflicts trigger supportive behavior in others? The diary data will allow us to test assumptions both on a more finely tuned level of everyday experiences and in terms of time-lagged relations.

Work-Family Conflicts

Greenhaus and Beutell (1985, p. 77) defined the “work-family conflict” as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect.” There are two directions of interference: The family domain interferes with working life (i.e. family-to-work conflicts) and the work domain interferes with family life (i.e. work-to-family conflicts; for a meta-analysis see Mesmer-Magnus & Viswesvaran, 2005). Work-to-family and family-to-work conflicts have different antecedents and outcomes: Work demands, for example working hours, predict work-to-family conflicts (Adams et al., 1996; Byron, 2005), whereas household and childcare duties predict family-to-work conflicts (Frone, Russell, & Cooper, 1992; Grandey & Cropanzano, 1999). In addition, work-to-family conflicts mainly impair job-specific well-being, whereas family-to-work conflicts mainly impair family-specific well-being (e.g., Allen, Herst, Bruck, & Sutton, 2000;

Kossek & Ozeki, 1998). Cross-domain relations are typically weaker (for a review, see Ford et al., 2007).

Grandey and Cropanzano (1999) applied the Conservation of Resources theory to their research on work-family conflicts. In line with previous studies, they assumed that stressors in the family domain lead to family-to-work conflicts, whereas work role stressors lead to work-to-family conflicts. Furthermore, work-family conflicts as a form of inter-role conflict may lead to stress because coordinating work and family roles is resource-consuming. One would assume that, overall, women with more personal and social resources, e.g. social support, would combine work and family roles more easily, thus experiencing fewer conflicts.

Interplay Between Work-Family Conflicts and Social Support

As stated above, social support can be seen as a social resource that has been found to be associated with reduced work-family conflict (e.g., Adams et al., 1996; Erdwins, Buffardi, Casper, & O'Brien, 2001). In particular, research has shown that the domain-specific effects of social support are especially strong, i.e. support from the partner reduces family-to-work conflict, whereas support from one's supervisor or co-workers reduces work-to-family conflict (cf. Bellavia & Frone, 2005). A meta-analysis by Ford, Heinen, and Langkamer (2007) found a weighted mean correlation between work support and work-to-family conflict of $\rho = -.23$ and a correlation of $\rho = -.17$ between family support and family-to-work conflict. There are also cross-domain relations, i.e. work support influences family-to-work conflict and family support influences work-to-family conflict, but these relations are weaker (Byron, 2005; Ford et al., 2007; van Daalen et al., 2006). This is also in line with the Conservation of Resources theory. Most studies have only investigated the impact of a single source of social support, most often the partner or supervisor (see Ford et al., 2007).

However, analyses of the relationship between social support and work-family conflicts still produce inconsistent results. This study focused on two forms of interplay between social support and work-family conflicts: (a) social support as an *antecedent* of work-family conflict, i.e. mediation of its influence by domain-specific strain and (b) social support as a moderator of the relationship between domain-specific strain and work-family conflicts (*buffering* effect).

Social Support as an Antecedent of Work-Family Conflicts

Social support might be an *antecedent* of work-family conflicts, with its influence mediated by stress and strain. Supervisors, co-workers, partners, and other family members may be involved in the stressors at home and at work that cause work-family conflicts, or they play a role in determining whether demands are evaluated as threatening, thus leading women to experience strain. Social support would then have a direct impact on stressors and strain rather than on the work-family conflicts themselves or a moderating effect on the relationship between stress/strain and work-family conflicts. In an extension of their influential model, Frone, Yardley and Markel (1997) described work and family support as antecedents of work and family stressors/strain that lead to work-family conflicts. More specifically, they differentiated between “proximal” and “distal” predictors of work-family conflict. Distal predictors influence work-family conflicts via proximal predictors, i.e. they are indirect and mediated by the proximal ones. Furthermore, “direct” precursors refer to what Greenhaus and Beutell (1985) called time-based and strain-based predictors. The time devoted to one’s work or family (“time-based predictor”) is assumed to be a limited resource and, indeed, has been found to be a cause of work-family conflict (Byron, 2005). Strain-based predictors incorporate role-related distress or strain, for example job strain. This study focused on domain-specific strain. Both types of proximal predictors are domain-specific: For example, working distress influences work-to-family conflicts whereas family strain might

lead to family-to-work conflicts (Frone et al., 1997). One distal predictor suggested by the authors is instrumental social support, which is defined as direct assistance or advice. As for stress and strain, the relation between social support and work-family conflicts is assumed to be domain-specific: Social support by the work-environment is a distal predictor of work-to-family conflicts (i.e., via job strain), whereas social support by spouse and family is a distal predictor of family-to-work conflicts. We share this assumption but use a broader conceptualization of social support comprising instrumental, informational, and emotional support.

Frone and colleagues' (1997) findings speak in favor of mediating effects: Support by supervisor and co-workers reduced work distress and work overload, thus easing work-to-family conflicts; support by spouse and family reduced family distress and parental overload, thus easing family-to-work conflicts. They point out that the assumption of strain as an antecedent of work-family conflicts has not been tested sufficiently. Some exceptions are mentioned in the following. Fisher (1985) showed that social support from supervisor and co-workers was negatively correlated with stress by unfulfilled expectations that could be conceptualized as an experience of strain. In a study by Ganster, Fusilier, and Mayes (1986) social support from different sources had a direct impact on work strain. Schaubroeck, Cotton and Jennings (1989) tested a comprehensive model of role strain antecedents and outcomes that included a path of social support leading to role overload, which in turn leads to role conflicts. They could not find a direct association between social support and role overload. However, role overload is not the same as domain-specific strain, as the former concept focuses on time demands. A longitudinal diary study by Williams and Alliger (1994) showed that family distress was indeed a predictor of family-to-work conflicts. Carlson and Perrewé (1999) compared existing models of the interplay of social support and work-family conflicts in a cross-sectional study. They found that indeed a model of social support as an antecedent

to stressors resulting in work-family conflicts best fits the data, although main effects of social support on work-family conflicts were also existent. They credit social support with a “protective function” and describe it as a coping mechanism: People with strong social support should be less likely to perceive and evaluate demands as stressors (Carlson & Perrewé, 1999, p. 518), thereby experiencing less strain. Note that the authors investigated the availability of social support and see this as particularly important in ongoing stress, whereas this study analyzed self-constructions of received social support. Like Frone and his colleagues (1997), Carlson and Perrewé also called for a replication of the finding of social support as an antecedent of work-family conflicts. In a study by Beehr, Jex, Stacy, and Murray (2000), co-worker support predicted psychological strains that were assessed as depression and frustrations. Baltes and Heydens-Gahir (2003) examined the interplay between life-management strategies and work-family conflicts. They used social support as a control variable and found that supervisor support influences work-to-family conflicts through job stressors; and spousal/family support influences family-to-work conflicts through family stressors, but it also had a direct *positive* effect on family-to-work conflicts. Boyar, Maertz, Mosley, and Carr (2008) proposed a mediation model of work support that eases subjective work demands, which in turn lead to work-to-family conflicts, respectively a mediation model of family support, family demands and family-to-work conflicts. Their assumptions could only be partially supported. Based on this theoretical framework and existing literature, we tested the following antecedence hypotheses (Figure 3):

Hypothesis 1. Social support provided by a supervisor and co-workers weakens job strain, thereby reducing work-to-family conflicts.

Hypothesis 2. Social support provided by the partner and other family members weakens family/partnership strain, thereby reducing family-to-work conflicts.

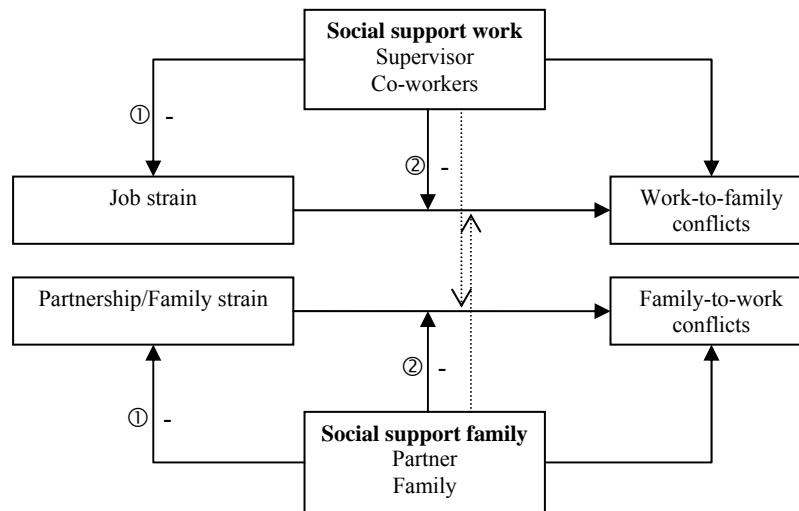


Figure 3. Simplified model of the assumed antecedent (1) and moderator (2) effect of social support of the work and family environment on work-family conflicts.

Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts

In the “buffering models,” social support interacts with stressors or strains, thus reducing their impact. From a buffering perspective, social support is particularly important in times of threatened resources. The Conservation of Resources theory implies that people have different amounts and types of resources; they also have different skills in dealing with stressful situations. Therefore, individual differences in received social support can moderate the strains-conflicts relationship.

Empirical evidence of the moderating effects of social support is less clear than evidence for main effects. Carlson and Perrewé (1999) concluded that most research has found either no evidence of the moderating effect of social support or mixed results, and Frese (1999) noted that the buffer effect is not very strong. Dormann and Zapf (1999) pointed to a lack of longitudinal studies on the moderating effects of work support. This study addressed this lack with a micro-longitudinal diary assessment.

Social support may alter the impact of stressors and strain on work-family conflicts in such a way that women who feel strongly supported by their environment are less affected by

stressors and strain and, in turn, experience fewer work-family conflicts (see Cohen & Wills, 1985; van Daalen et al., 2006). This study investigated job and partnership/family strain as predictors of work-to-family and family-to-work conflicts. From a COR perspective a high level of job strain, for example, binds personal resources so that less time and energy remain for the family role, which might lead, in turn, to work-to-family conflicts. Instrumental assistance from the work environment provides the resources (e.g., time, encouragement) required to deal with existing job strain, thereby reducing their impact on work-to-family conflicts (see Grandey, Cordeiro, & Michael, 2007). In the family domain, a woman's partner might provide instrumental support when she experiences strain related to her children. This would, for example, protect her time-related resources, thus preventing family strain from spilling over into her working life, thereby reducing family-to-work conflicts. Existing job strains might also be evaluated as less threatening if co-workers and supervisors are perceived as supportive (i.e. providing resources) (cf. Cohen & Wills, 1985). This could prevent worry, thereby easing work-to-family conflicts.

There is some empirical evidence to support this buffering effect, but it is inconsistent. This study viewed the subjective experience of strain as a potential cause of work-family conflict and analyzes social support as a moderator. As for support from those at work, several studies have investigated the supervisor as a potential moderator of the stressor-strain relationship and found inconsistent results (cf. Carlson & Perrewé, 1999; Ford et al., 2007; Kahn & Byosiére, 1992; Kickul & Posig, 2001). Results that supported the hypothesis were, for example, from the following researchers: Fox and Dwyer (1999) reported that supervisor support weakened the relation between working hours and work-to-family conflicts (see also Fu & Shaffer, 2001). As for the family domain, in a cross-sectional study, Aryee, Luk, Leung, and Lo (1999) found that support from the spouse eased the effect of parental overload on family-to-work conflicts. Matsui, Ohsawa, and Onglatco (1995)

reported that support from the husband weakened the relationship between parental demands (i.e. family stress/strain) and work-family conflicts. Other studies showed no moderation effect (cf. Carlson & Perrewé, 1999).

As mentioned previously, influences of social support are mainly domain-specific, such that, for example, the work environment provides social resources that can be applied to the job and, therefore, ease job demands or work-to-family conflicts. However, as we focus on existing domain-specific strain as a precursor to work-family conflicts, it could be argued that social support helping to cope with strain could also weaken the association in the other life domain (see Westman & Etzion, 2005, focusing on stressors). For example, if social support provided by a spouse lessens a woman's emotional pain from her job strain, this could prevent her from worrying about it, which would consume time and energy, and could lead to work-to-family conflicts as a consequence. Thus, women with a supportive partner would have fewer work-to-family conflicts if they experience job strain than women who are not supported. But as buffering effects need a good fit between the demands of a stressful situation and social support (Cohen & Wills, 1985), we expect this effect to be weaker. Combining theoretical considerations and previous research, we assumed that social support from different sources buffers the impact of domain-specific strain on work-family conflicts (Figure 3). More specifically:

Hypothesis 3. Social support weakens the relationship between domain-specific strain and work-family conflicts.

With regard to the strength of the moderator effect, we expected work support to have a stronger effect on the relationship between work strain and work-to-family conflict and support from the family domain to have a stronger effect on the relationship between family-related strain and work-to-family conflict.

Method

Design and Procedure

To recruit working mothers, we advertised in newspapers and magazines in the German-speaking part of Switzerland, mainly the Zurich area, and asked professional women's organizations to send recruitment letters to their members by e-mail. Participants had to be women who worked at least part-time and who had at least one child younger than 16 years of age living with them. Participants filled out several self-report questionnaires and received 20 Swiss francs (about \$17) for participation, which took place in our laboratory. After they had completed the questionnaires, women were asked to keep two identical diaries. Each diary covered seven days. Participants were to fill out their diary every evening before going to bed; this could be done in less than 5 minutes. When the diaries were completed, they were sent back to the laboratory by pre-paid post. Participants who sent in their completed diaries took part in a lottery to win 100 Swiss francs (approximately \$85).

Questionnaire Study

Participants

Questionnaires were completed by 109 women. Two women were excluded from the analyses: One quit her job the week she was to participate; the other had problems understanding the questionnaire due to language difficulties. We analyzed a final sample of 107 women, who were between 20 and 56 years old ($M = 39.07$ years; $SD = 5.64$ years). Ninety-nine participants were in a relationship; these couples had been together for an average of 12.86 years ($SD = 6.78$). Ninety-three participants lived with their partner in the same household. Forty participants had one child, 51 had two children, and 16 had three or four children ($M = 1.81$, $SD = .78$). On average, the children were $M = 7.02$ years old ($SD = 4.61$). Seventy-four participants had an advanced university degree. The women were working in a broad range of occupations. On average, they worked $M = 28.84$ hours a week

($SD = 11.08$); their partners worked $M = 41.22$ hours a week ($SD = 10.52$). The high number of women working part-time (86 %) is not surprising: The majority of working mothers in Switzerland have part-time positions (Romans, 2008).

Measures

Descriptive statistics, Cronbach's alphas, and inter-correlations are displayed in Table 6. Unless stated otherwise, 6-point scales were used ranging from "not at all" (1) to "very much" (6), that is, higher scores represent higher levels of the respective construct.

Social support. Overall, received *partner support* was assessed using a newly developed questionnaire consisting of 16 items assessing emotional, instrumental, and informational support. Some of the items were taken from Winkeler and Klauer (2003). Typical items were: "He shows a great deal of understanding for my worries," "He takes care of things for me when I have a lot to do," or "He makes suggestions about what I can do". We used a 5-point scale ranging from "never" (1) to "very often" (5), and built a total score across the different forms of partner support. *Support from the supervisor* was assessed by three items ("I feel supported by my supervisor at work," "My supervisor understands my

Table 6
Means, Standard Deviations, Internal Consistencies, and Inter-Correlations for Questionnaire Variables (N = 107)

	<i>M</i>	<i>SD</i>	1.	2.	3.	4.	5.	6
1. Supervisor support	4.72	1.17	.87					
2. Partner support	3.59	.65	.16	.90				
3. Work-to-family conflicts	2.90	.63	-.36**	-.04	.76			
4. Family-to-work conflicts	2.62	.55	-.07	-.09	.15	.68		
5. Job strain	2.96	1.03	-.39**	-.09	.51**	.01	.88	
6. Partnership problems	2.00	.64	-.12	-.57**	.16	.25*	.12	.87

Note. * $p < .05$, ** $p < .01$. Cronbach's alphas are displayed in the diagonal.

family situation,” and “My supervisor tries to help me coordinate work and family”). Support by co-workers and family members was only measured in the diary part of the study.

Work-family conflicts. For the assessment of work-family conflicts, we used a German version of Carlson and Frone’s inventory (2003), consisting of 12 items: Six items measure family-to-work conflicts (e.g. “How often does your home life interfere with your responsibilities at work, such as getting to work on time, accomplishing daily tasks, or working overtime?”) and six items measure work-to-family conflicts (e.g. “How often does your job or career keep you from spending the amount of time that you would like to spend with your family?”). These items were rated on a 5-point scale ranging from “never” (1) to “always” (5). Internal consistencies were moderate (see Table 6).

Domain-specific strain. We measured job strain with a ten-item scale by Giegler (1985), for example “After work, I am exhausted.” Relationship problems were assessed with an instrument developed by Hahlweg (1996), which lists potentially problematic areas in a relationship (e.g. monthly income, housekeeping, recreational activities, and sexuality). Women were to indicate if they were experiencing problems in these areas (1 = “no problems”, 6 = “very big problems”).

Questionnaire Study: Results

Social Support as an Antecedent to Work-Family Conflicts

Antecedent effects were tested using four steps of mediation analyses (Baron & Kenny, 1986; Judd & Kenny, 1981): (1) The outcome is correlated with the initial variable social support, and then (2) the mediator is regressed on social support. (3) In the third step the outcome variable is regressed on the initial variable social support and the mediator to see if the mediator predicts the outcome and (4) if the initial variable is still significantly associated with the outcome. Full mediation occurs if the effect of social support on work-family conflicts is zero after controlling for domain-specific strain in step 4. To evaluate the

full mediation model, we performed the Sobel test (Sobel, 1982) using an interactive website by Preacher and Leonardelli (2008). Results are shown in Table 7.

Partner support was not directly associated with family-to-work conflicts in the first place, whereas supervisor support correlated negatively with work-to-family conflicts (Step 1). But note that step 1 is not necessary for mediation to occur (e.g., Kenny, Kashy, & Bolger, 1998). The association between supervisor support and work-to-family conflicts was completely mediated by job strain. Moreover, there was a partial mediation for partner support: It influenced partnership strain, thereby impacting on family-to-work conflicts.

Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts

Buffering effects were tested using moderated multiple regression analyses (Aiken & West, 1991). Results are presented in Table 8. None of the hypothesized interaction effects was significant. Instead, we found two unexpected cross-domain moderation effects: Support by the partner moderated the association between partnership problems and *work-to-family* conflicts ($\beta = .27, p < .01$); and supervisor support moderated the association between partnership problems and *family-to-work* conflicts ($\beta = -.24, p < .05$). As indicated by the prefixes, partner support was found to have a reverse buffering effect: Women indicating few partnership problems experienced about the same level of work-to-family conflicts, whether they were a little or strongly supported by their partners; women indicating many partnership problems experienced *more* work-to-family conflicts if they were at the same time strongly supported by their partners than if they received only little support. In contrast, a supportive supervisor buffers the relation between partnership problems and family-to-work conflicts.

Questionnaire Study: Post-Hoc Analyses

In addition to the analyses above, we also tested the full antecedent and moderation models with path analyses using Amos 6. Results are shown in Figures 4 and 5. The path

Table 7

Social Support as an Antecedent of Work-to-Family/Family-to-Work Conflict (Hierarchical Regression Analysis of Questionnaire Variables, N = 107)

	Step 1		Step 2		Step 3		Step 4		Full	Sobel
	IV → DV		IV → Med		Med → DV		IV → DV		model	test
Predictor variable:	<i>F</i>	β	<i>F</i>	β	<i>F</i>	β	<i>F</i>	β	<i>R</i> ²	<i>z</i> -value
<i>DV</i> : Work-to-family conflicts									.34**	-3.25**
IV: Supervisor support	14.68**	-.36**	17.44**	-.39**				-.17		
Mediator: Job strain						.49**				
<i>DV</i> : Family-to-work conflicts									.05	-1.97*
IV: Partner support	.82	-.09	36.33**	-.53**				.10		
Mediator: Partnership strain						.26*				

Note. Steps of mediation analysis (Baron & Kenny, 1986; Judd & Kenny, 1981). The Sobel test (Sobel, 1982) was conducted on the website of Preacher and Loenardelli (2008). * $p < .05$, ** $p < .01$.

values are standardized coefficients. The better model fit of the antecedence proposition of social support ($X^2 = 8.31$, $df = 9$, $p = .50$, $CFI = 1.0$, $RMSEA = .00$) compared to the moderation model ($X^2 = 53.33$, $df = 27$, $p < .01$, $CFI = .82$, $RMSEA = .10$) reinforces our results.

Moreover, it was surprising to see no direct association between partner support and family-to-work conflicts, thereby preventing complete mediation. Therefore, we tested post-hoc whether only specific forms of partner support would decrease family-to-work conflicts. Primarily emotional and instrumental support have been differentiated: Emotional support

Table 8
*Social Support as a Moderator of the Relation between Stressors and Work-to-Family/
Family-to-Work Conflict*

Questionnaire Assessment			Diary Assessment		
Variable	Dependent Variable		Variable	Dependent Variable	
	W-to-F	F-to-W		W-to-F	F-to-W
	β	β		β	β
Step 1			Step 1		
Job strain	.49***	-.05	Job strain	.21	.04
Partnership strain	.29**	.33*	Family strain	-.06	.30*
Step 2			Step 2		
Support supervisor	-.18	-.09	Support supervisor	-.12	-.15
Support partner	.19	.13	Support co-workers	.02	.09
			Support partner	.14	.27*
			Support family	.27	-.01
Step 3			Step 3		
Job strain x supervisor	-.07	.20	Job strain x supervisor	.31	.09
Job strain x partner	.02	-.09	Job strain x co-workers	-.29	-.19
Problems x supervisor	.09	-.24*	Job strain x partner	.11	-.01
Problems x partner	.27**	.03	Job strain x family	.18	.20
			Family strain x supervisor	-.02	-.10
			Family strain x co-workers	-.11	.02
			Family strain x partner	.11	.18
			Family strain x family	.15	-.19

Note. Questionnaire: Moderated hierarchical regression analysis, $N = 107$; Diary: Moderated multiple regression analyses with residual diary variables; $n = 69$. Coefficients from the final step of the models. Questionnaire: Work-to-family conflicts: $R^2 = .34^{**}$ for Step 1; $\Delta R^2 = .06^{**}$ for Step 2; $\Delta R^2 = .06$ for Step 3 ($p = .06$); family-to-work conflicts: $R^2 = .04^*$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($p = .43$); $\Delta R^2 = .00$ for Step 3 ($p = .59$). Diary: Work-to-family conflicts: $R^2 = .05$ for Step 1 ($p = .22$); $\Delta R^2 = .10$ for Step 2 ($p = .13$); $\Delta R^2 = .11$ for Step 3 ($p = .26$); family-to-work conflicts: $R^2 = .14^{**}$ for Step 1; $\Delta R^2 = .08^*$ for Step 2; $\Delta R^2 = .12^*$ for Step 3. * $p < .05$, ** $p < .01$.

includes expressions of love, concern and encouragement; instrumental support includes, for instance, help with the household and childcare. A third form is informational support (e.g. providing information or advice). Our partner-support scale comprised items for all three forms of support (subscales' internal consistencies between .83 and .90). However, neither form of partner support showed a significant association with family-to-work conflict.

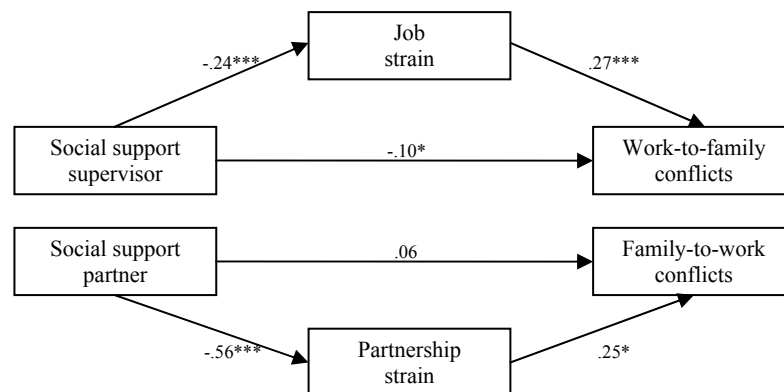


Figure 4. The full model of the antecedence proposition of social support, domain-specific strain and work-family conflicts (questionnaire data).

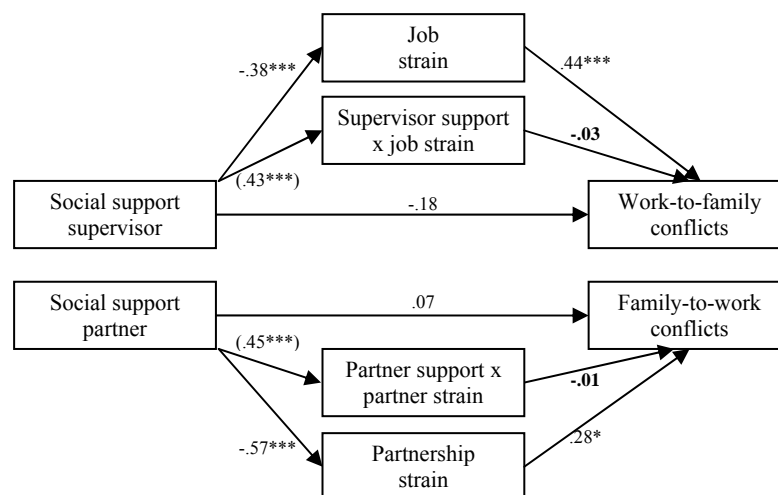


Figure 5. The full model of the moderator proposition of social support, domain-specific strain and work-family conflicts (questionnaire data).

Diary Study: Method

Sample

After the women had completed the questionnaire, a subsample participated in the diary part of the project. They were asked to fill in the diary every evening before going to bed for two consecutive weeks. The diary subsample ($n = 69$) did not differ from the non-participating women with respect to the sociodemographic variables, except that their partners worked about two hours more per week ($M = 43.28$, $SD = 9.53$ vs. $M = 41.22$, $SD = 10.52$; $F[1,94] = 8.45$, $p < .01$).

Measures

In the diary part of the study we also asked about support from co-workers and family members. A standardized diary format was used: The questions were the same for each participant and each day, except for additional retrospective questions at the end of each week. The items were newly developed; some were based on the questionnaire items. To guarantee short completion times, most variables had to be measured with single items. All items were rated on a 6-point scale ranging from “not at all” (1) to “very much” (6). Inter-item correlation coefficients will be reported for scales, split-half reliability coefficients for single-item measures ($r_{sh} = r_{\text{split-half}}$). r_{sh} represents the correlation of mean values for odd and even days across all participants. The validity coefficient r_{val} represents the correlation between the mean value for each diary measure across all days (aggregate data) and the respective questionnaire measure for each participant (see Schmitz & Wiese, 2006). Means, standard deviations, reliability and validity coefficients, and synchronous inter-correlations are given in Table 9.

Received support from partner, supervisor, co-workers, and family was assessed with one item each (e.g. “Did you perceive your partner as being supportive today?”). To measure *work-family conflicts*, four items were formulated according to the questionnaire items by

Carlson and Frone (2003): The items for work-to-family conflicts were “Did your job responsibilities make it difficult for you to have enough time for your family today?” and “When you were with your family today, were you distracted by worries related to your job?” and the items for family-to-work conflicts “Did your family responsibilities make it difficult for you to have enough time for your job today?” and “When you were at work today, were you distracted by worries about your family life?”. These items were chosen to cover a time-based facet of work-family conflicts as well as a facet based on psychological preoccupation. Inter-item correlation coefficients for the scales were low, but split-half reliabilities were satisfactory. *Domain-specific strain* was each measured by one item: Women were asked how stressed they felt by their work/family.

Diary Study: Results

Analyses of diary data are based on linked process data: n is the number of days multiplied by the number of subjects. Two sources of variation influence process data: situations (days) and persons, so process correlations are normally lower than cross-correlational relationships. Preliminary, missing values were replaced on an individual level by the series mean of each participant. For hierarchical regression analyses, variables were also z-standardized for each individual. To investigate the causal relationships of multiple time series, serial dependencies within each time series have to be considered to avoid spurious correlations (Schmitz, 1990, 2006). Therefore, time series were prewhitened using ARIMA modeling (AR(1)), which allowed us to predict each value on the basis of previous days and calculate white noise residuals, which are not auto-correlated. The following analyses are based on these residual time series, which is a conservative procedure because correlations do not become easily significant and time series might be spuriously independent (Schmitz, 1990, 2006).

Table 9

Means, Standard Deviations, Inter-Item Correlation Coefficients, Split-half Reliabilities, and Validity Coefficients of Original Diary Variables, Inter-Correlations of Residuals (n = 69)

	<i>M</i>	<i>SD</i>	r^1/r_{sh}^2	r_{val}^3	1.	2.	3.	4.	5.	6.	7.
1. Supervisor support	3.99	1.68	.81	.59	1.00						
2. Co-worker support	4.22	1.50	.76	.45	.39**	1.00					
3. Partner support	4.23	1.55	.86	.54	.02	.02	1.00				
4. Family support	4.03	1.91	.74		.01	.03	.10	1.00			
5. Work-to-family conflicts	1.95	1.21	$r = .50$ $r_{sh} = .91$	.53	.07	-.05	-.02	.11	1.00		
6. Family-to-work conflict	1.76	1.04	$r = .41$ $r_{sh} = .72$	.32	.06	-.07	-.08	.02	.31**	1.00	
7. Job strain	4.16	1.41	.67	.26	.26**	.16**	.00	.05	.18**	.10*	1.00
8. Family strain	3.78	1.45	.85	-	.01	-.06	-.10**	.01	-.01	.03	-.01

Note. * $p < .05$, ** $p < .01$. ¹Inter-item correlation coefficient of scales. ²If not mentioned otherwise split-half reliability coefficients are shown (r_{sh}). ³Only calculated if respective variables were also assessed in the questionnaire.

Table 10

Social Support as an Antecedent of Work-to-Family/Family-to-Work Conflict (Hierarchical Regression Analysis of Residual Diary Variables, n = 69).

Predictor variable:	Step 1 IV → DV		Step 2 IV → Med		Step 3 Med → DV		Step 4 IV → DV		Full model	Sobel test
	<i>F</i>	β	<i>F</i>	β	<i>F</i>	β	<i>F</i>	β	<i>R</i> ²	<i>z-value</i>
<i>DV</i> : Work-to-family conflicts									.01	1.48
<i>IV</i> : Supervisor support	1.06	.07	17.36**	.26**				.04		
<i>Mediator</i> : Job strain						.10				
<i>DV</i> : Work-to-family conflicts									.04**	2.74**
<i>IV</i> : Co-worker support	1.08	-.05	13.28**	.16**				-.07		
<i>Mediator</i> : Job strain						.19**				
<i>DV</i> : Family-to-work conflicts									.01	-0.49
<i>IV</i> : Partner support	4.13*	-.08*	8.30**	-.10**				-.07		
<i>Mediator</i> : Family strain						.02				
<i>DV</i> : Family-to-work conflicts									.01	0.17
<i>IV</i> : Family support	.08	.02	.03	.01		.10		.01		
<i>Mediator</i> : Family strain										

Note. Steps of mediation analysis (Baron & Kenny, 1986; Judd & Kenny, 1981). The Sobel test (Sobel, 1982) was conducted on the website of Preacher and Loenardelli (2008). * $p < .05$, ** $p < .01$.

Social Support as an Antecedent to Work-Family Conflicts

To test social support as an antecedent of work-family conflicts, we calculated the same mediation analyses as for the questionnaire data with co-workers and family as additional support sources. Results are shown in Table 10. As the influence of social support on the interplay between stress and conflicts might be rather immediate, cross-sectional data were used for the analyses.

With the exception of partner support there was no direct association between social support and work-family conflicts (Step 1, Table 10). The influence of partner support on family-to-work conflicts was not significantly mediated by family strain (Sobel test's z -value = -0.49, n.s.), neither was the influence of family support. Regarding the work domain, the impact of co-worker support on work-to-family conflicts was partially mediated by job strain (Sobel test's z -value = 2.74, $p < .01$), but there was no mediation for supervisor support.

Social Support as a Moderator of the Relationship between Strain and Work-Family Conflicts

Buffering effects were again tested by moderated multiple regression analyses and the results are shown in Table 8. No interaction effect was significant.

Diary Study: Time-Lagged Associations

On a synchronous level only partner support was negatively correlated with family-to-work conflicts (Table 9). We also calculated time-lagged correlations, with social support as a predictor (lag +1 day) and as a criterion (lag -1 day; Table 11). The emerging pattern was inconsistent: Whereas partner support predicts more work-to-family conflicts on the following day, it is itself predicted by fewer family-to-work conflicts and less job strain on the preceding day. This was particularly surprising as one might argue that job-strained women would be more likely to evoke supportive behavior in their partners. Likewise, supervisor support increased work-to-family conflicts on the following day. Nevertheless, family strain elicited co-worker support on the following day.

Overall Discussion

Social support as antecedent. The proposition of social support as an antecedent of work-family conflict with domain-specific strain as a mediator was clearly supported by the questionnaire data: Supervisor and partner support predicted domain-specific strain experiences, thereby influencing work-to-family and family-to-work conflicts (Hypotheses 1 and 2) respectively. Moreover, the model fit of the antecedence model exceeded the fit of the moderator model. However, in the diary study, the antecedent effect was only partially confirmed for co-worker support preceding work-to-family conflicts. This corroborates the assumption that questionnaire and diary data assess different levels of experience. Maybe, the impact of support in “chronic” stress situations, as is probably the case in our sample, might be better captured by global self-constructions assessed in questionnaires, whereas diaries detect *enacted* social support in an acute stress situation. Also, Carlson and Perrewé (1999) reported that the antecedence effect is believed to be more effective in ongoing stress.

Social support as moderator. A moderating effect of social support on the relationship between job-specific strain and work-family conflicts was not confirmed by either the questionnaire or the diary data. But there were two cross-domain interactions in the

Table 11
Cross-Lagged Correlations of Central Residual Diary Variables (n = 69)

Lead Variable	Lag	W-to-F conflicts	F-to-W conflicts	Job strain	Family strain
Supervisor support	as criterion (Lag -1)	-.04	-.07	-.01	.11
	as predictor (Lag +1)	.13*	-.00	-.03	.07
Co-worker support	as criterion (Lag -1)	.02	.06	.05	.09*
	as predictor (Lag +1)	.08	.06	-.04	-.08
Partner support	as criterion (Lag -1)	-.07	-.08*	-.11**	.07
	as predictor (Lag +1)	.07*	.02	-.03	.04
Family support	as criterion (Lag -1)	-.08	.11	-.10	-.09
	as predictor (Lag +1)	.02	.03	-.02	-.06

Note. * $p < .05$; ** $p < .01$. Lag -1: work-family conflicts, strain or well-being at day 0 precede social support at day 1 (“criterion”); lag +1: social support at day 0 precedes work-family conflicts, domain-specific strain or well-being at day 1 (“predictor”). W-to-F conflicts: Work-to-family conflicts; F-to-W conflicts: Family-to-work conflicts.

questionnaire data: Supervisor support buffered the relationship between partnership problems and family-to-work conflicts, but support by the partner was found to *strengthen* the relationship between partnership problems and work-to-family conflicts. This phenomenon was also found in other studies and called “reverse buffering” of social support or “enhancer effects” (e.g., Frese, 1999; Gleason et al., 2008; Kickul & Posig, 2001). There are some explanations as to why this unexpected finding might arise. Steinberg and Gottlieb (1994) argued that it is important for the perceived helpfulness of spousal support whether the support giver is involved in the development of the problem. As the partner is obviously part of the partnership problems, he could also do something to alleviate the strain. So, for example, if he shows emotional support without doing anything to combat the cause of the problems, he sends “mixed messages”, which could lead to increased worry, thus heightening work-family conflicts (cf. argument by Kickul & Posig, 2001). However, this mechanism does not entirely explain why the relationship between partnership strain and *work-to-family* conflicts was strengthened.

Overall, the results did not support that social support is a moderator. However, House (1981) pointed out that buffering effects might not be detected in chronic stress situations. Furthermore, it has been argued that the meaning and influence of social support might differ in acute and chronic stress situations (e.g., Quittner et al., 1990). Research suggests that social support has *time-dependent* effects during the stress process (e.g., Bolger et al., 1996; Lepore et al., 1991). This is partly due to the fact that chronic stressors drive away social support (Kaniasty & Norris, 1993, 1996; Lepore et al., 1991; Norris & Kaniasty, 1996). This study simply looked at working mothers generally, without taking into account how long they have been working or if they are experienced in coordinating their work and family lives, i.e. whether they are experiencing acute or chronic stress. To study the postulated associations in a transition phase, e.g. mothers returning to work after maternity

leave, could be a promising approach, lending a certain control to the situation. In fact, the mean levels of work-family conflicts were rather low (Table 6), suggesting that no acute stressful situation was present.

Strengths and Limitations of the Study

Women working in a broad range of career fields participated in the study, but about two-third of them had an advanced university degree. In other words, the sample was not random with regard to the degree of education. A broader educational background could lead to different results because women who are less educated could experience, for instance, other work-related strains and worries. In addition, less educated woman might have fewer self-management skills to deal with the conflicting demands from the work and family domains on their own. Therefore, they might have a greater need for support. One should also note that large sample sizes are needed to detect moderating effects among continuous variables (Aguinis & Stone-Romero, 1997; Aiken & West, 1993), so our sample may have been too small to detect the buffering effects of social support. In this study, we also only focused on support and work-family conflicts in working mothers, but it is possible that men and women have different support needs, either because resources are subject to different challenges or because coping styles vary by gender (see Bodenmann, Pihet, & Kayser, 2006; Cohen & Wills, 1985). Thus, future studies should include fathers and mothers as well as employees from different educational backgrounds. Furthermore, we only used self-report measures. However, as we were interested in women's experiences and self-constructions, these are adequate assessments.

Outlook

The interplay between social support and work-family conflicts already appears to be very complex on a cross-sectional and day-to-day level. It is probably even more complex when looked at from a developmental perspective: Different kinds and sources of social

support may vary in their impact on work-family conflicts over time. It is possible, for instance, that receiving advice (i.e. informational support) is particularly helpful for newcomers to an organization, but that the same counsel is perceived as a threat to competence later on. Hence, it may be beneficial to focus on new employees in longitudinal studies to investigate the *dynamics* of social support and work-family conflict.

Overall, this study has contributed to our knowledge about the interplay between social support and work-family conflicts on the basis of COR theory. We have shown that the relations are more complex than they appeared to be when research in this field began. In particular, further research, especially (mini)longitudinal research, should be conducted on the influences of different kinds and sources of support and on different mechanisms of their interplay.

OVERALL DISCUSSION

The aim of this thesis was to investigate determinants of social support and its impact on well-being in the sample cases of mothers either re-entering the workforce after maternity leave or working again already. The main focus was on social support from the partner, but other family members, supervisors, and co-workers were also considered for the purposes of comparison in Part III. Furthermore, the thesis differentiated four types of social support: emotional, instrumental, informational, and companionship support. Different levels of analysis (cf. Williams & Alliger, 1994) were used: on the one hand, longitudinal and cross-sectional questionnaire data, both from support recipients and providers, on the other hand end-of-day diaries measuring short-term judgments in a micro-longitudinal design. In doing so, this thesis contributed both to the knowledge of social support and also to closing the research gap on the transition back to work after maternity leave. The following paragraphs summarize the main results and implications of this thesis. Table 12 summarizes the main findings and contributions of all parts at a glance. I will also elaborate in more detail on four topics that are relevant to all parts of this thesis but were not discussed in the individual parts: the role of the partner as support provider, gender differences in social support, the integration of the findings of this thesis into research on other transitions in the workplace, and the interplay of personal and social resources. Finally, I will summarize contributions and outline ideas for further research.

Summary and Integration of the Main Findings

Part I: Predicting Discrepancies between Provided and Received Support

Because received social support is of primary importance in this thesis, Part I examined it in more detail and addressed the question: Why do recipients not report the same amount of received support as their partners report they provide? More specifically, what are the determinants of this discrepancy between reports from the recipient's point of view?

Table 12
Summary of the Main Results of this Thesis

	Part I: Predictors of Discrepancies between Provided and Received Social Support	Part II: Received Support, Unfulfilled Expectations, and Affective Well-Being at Return to Work	Part III: Social Support as Antecedent or Moderator of Work-Family Conflicts in Working Mothers
Research questions	<ul style="list-style-type: none"> • Do women report the same amount of received social support as their partners indicate they provided? • What are determinants for this discrepancy in reports from the women's point of view? 	<ul style="list-style-type: none"> • How do different types of social support from the partner influence affective well-being at return to work? • Do support expectations have an additional impact? 	<ul style="list-style-type: none"> • How is support from different sources related to work-to-family conflicts (WtoF) and family-to-work conflicts (FtoW) in working mothers: Is it an antecedent of work-family conflicts or a moderator of the relationship between strain and conflicts?
Findings	Received and provided support are moderately correlated. Couple-related self-efficacy is the main predictor of the discrepancy of received and provided support: High self-efficacy two weeks before return to work predicts a smaller discrepancy one month afterwards. Recipients' Big Five personality traits are not related to the discrepancy and might not be a relevant determinant in long-term relationships.	Received partner support predicts well-being at return to work with emotional support having the strongest impact. Influences are time-dependent and sometimes even increase distress. All types of received support decrease after return to work. Support expectations play an additional role, but only at certain time-points. For instance, fulfilled companionship support expectations are particularly important two months after return to work.	The antecedence model of social support is partially confirmed for support from the partner, supervisor, and co-workers: Social support is related to less domain-specific strain, thereby reducing work-family conflicts. The level of analysis influenced results, i.e. whether questionnaire or diary data were examined. The buffering model was not confirmed.
Contribution	<ul style="list-style-type: none"> • Relating received and provided support to each other • Social support as outcome • Differentiating forms of support • Importance of transition-related self-efficacy beliefs 	<ul style="list-style-type: none"> • Research on return to work • Differentiating types of support • Time-dependent importance of support and expectations for well-being in a transition 	<ul style="list-style-type: none"> • Questionnaire and micro-longitudinal diary data lead to different results • Differentiating sources of support leads to different results • Contribution to models of the interplay of support and work-family conflicts

Based on previous research and theoretical considerations (e.g., Bradbury & Fincham, 1990, 1992; Cutrona et al., 1997; Gant et al., 1999; Mandemakers & Dykstra, 2008; Norton & Manne, 2007), women's personality traits, relationship quality (relationship satisfaction and problems), and transition-specific relationship beliefs were examined as predictors of the discrepancy score. "Transition-specific beliefs" included two concepts developed for the study: First, the partner's assumed attitude towards the woman's return to work, in other words, whether the woman thinks her partner approves of her re-entry and second, her couple-related self-efficacy belief facing return to work. Self-efficacy beliefs refer to how well one believes one can execute required actions (Bandura, 1982). Hence, "couple-related" self-efficacy in this study comprises the woman's belief that she and her partner will manage her re-entry together, with "concentrated forces". This belief is thus both transition- and couple-related.

Received and provided social support were moderately correlated ($r = .32, p < .001$), which is in line with other research (e.g., Burkert et al., 2006a), and indicates that a discrepancy between recipients' and providers' reports of support also emerged in this study. Regarding the prediction of this reporting discrepancy, contrary to expectations, women's Big Five personality traits were not related to the discrepancy – relationship quality and transition-specific beliefs were the only significant predictors. Comparing the relative impact of all predictors, however, women's couple-related self-efficacy emerged as the only meaningful predictor: A high couple-related self-efficacy belief two weeks before return to work predicts a smaller discrepancy of received and provided support from the partner one month afterwards. The more the woman believes that they will manage her return to work jointly, the higher the couple's later agreement on social support. Previous research has interpreted higher support agreement, i.e. a smaller discrepancy between received and provided support, as a sign of good relationship functioning (Coriell & Cohen, 1995;

Luszczynska et al., 2007). For a detailed discussion of the results, see Part I. So far, however, there has been no study on the role of transition-specific self-efficacy beliefs that turned out to be of prime importance in predicting the discrepancy. Thus, this is clearly a strength of this study. Moreover, examining different types of support, i.e. emotional, instrumental, informational, and companionship support, further contributes to the knowledge of support agreement. Future studies on support agreement should focus on this research gap and investigate whether the *partner's* couple- and transition-related beliefs also predict reporting discrepancies, using truly dyadic, longitudinal designs.

Part II: Support, Unfulfilled Expectations and Affective Well-Being

How received emotional, instrumental, informational, and companionship support from the partner from two weeks before the return to work to one month and two months afterwards impacted on positive and negative affect in women re-entering the working world was investigated in Part II. In addition, the questions of whether received support changes over time and whether fulfilled and unfulfilled support expectations also influence affect were examined. Expectations are “beliefs about the future state of affairs or hypotheses about the future” (Harwood, 2004, p. 13), which influence thinking, emotions and behavior (Olson, Roese, & Zanna, 1996). We found evidence for the assumption that received support from the partner predicted well-being at return to work. Emotional support was of prime importance, whereas instrumental and informational support could be a “double-edged sword” (Bernas & Major, 2000, p. 175) – helpful only at the right time in the transition process. Furthermore, support expectations play an additional role, especially whether the partner fulfilled freely listed expectations two months after return to work. Companionship support expectations are particularly influential.

In showing differential influences of types of support on well-being at different time points in the transition process, this study provides evidence that it is necessary to

differentiate types of support when investigating the interplay of support and well-being. Overall measures of support run the risk of canceling out the influences of the different facets of support. Similarly, considering only cross-sectional measures, without comparing them over time, might oversimplify the complex interplay of support and well-being.

Previous research had shown that stressful situations elicit social support at first (e.g., Norris & Kaniasty, 1996). In our study, however, women reported *less* received support after return to work than two weeks before. This decrease in received social support could be due to actual decreases in provided support, or due to under-reporting of provided support, possibly as an expression of resentment because of disappointed expectations. This concerns the *interplay* of support and expectations: On the one hand, the woman's expectations could shape her partner's behavior (Beach et al., 1996; Snyder, 1992; Snyder & Swann, 1978) – and on the other hand, as individuals have a self-verification tendency, the woman might only receive what she had already expected (Beach et al., 1996). Similarly, a small discrepancy between provided and received support, as examined in the first study (Part I), could be an indicator of precise support expectations. In that case, unfulfilled expectations would be positively associated with the provided-received discrepancy. A closer examination of the interplay of support expectations, received and provided support, in other words, combining research from Parts I and II, would be an interesting route to follow.

Part III: Support as Antecedent or Moderator of Work-Family Conflicts

Women's affective well-being during the transition, investigated in Part II, is only one subjective indicator of a successful return to work. A feature of this particular transition is that it affects work *and* family life to a large extent. Many working mothers experience work-family conflicts that are related to reduced well-being and health-related problems (e.g., Bellavia & Frone, 2005). Thus, another indicator of a successful re-entry is how well women manage to coordinate their work and family. Part III examined the interplay of social support

from the partner, family members, supervisor, and co-workers and work-family conflicts in working mothers and tested whether support exerts an antecedent or a buffering effect. This study demonstrated that social support is associated with fewer problems in combining work and family life. More specifically, support from the partner, supervisor, and co-workers is related to work-family conflicts via an antecedent effect: Support is negatively associated with domain-specific strain, thereby reducing work-family conflicts. The buffering model (Cohen & Wills, 1985) was also tested: In this model, support weakens the positive relationship between stress and work-family conflicts. This model was not confirmed. Thus, social support from different sources relates to precursors of work-family conflicts rather than interacting with strain to reduce their impact on conflicts. Unfortunately, we do not know how long the participants in this study had already been working, in other words, when their return to work had taken place. A proxy could be their own age or their children's ages: Indeed, women in this study are older than women in the re-entry study ($M = 39.07$ years versus $M = 33.83$ years) and so are their children ($M = 7.02$ years versus $M = 2.48$ years). This suggests that they had already been working for a longer time. Besides testing two models of the interplay between support and conflicts, another strength of this study is that questionnaire and diary data were used and led to different results, suggesting that they assess different levels of experiences: processes, perceptions and changes in everyday life (e.g., Bolger et al., 2003) versus global self-constructions (Sarason et al., 1986). One implication might be that diary data are particularly appropriate for *acute* stress situations whereas questionnaire data are sufficient to capture associations in chronic stress situations or "normal" life with daily hassles.

In the following section, I will elaborate on the role of the partner as support provider, and then I will reflect on gender differences in social support. I will go on to discuss whether results on social support during return to work after maternity leave fit into a theoretical

framework on work-role transitions. I will then elaborate on the interplay of personal and social resources, and finally, I will summarize the implications and conclusions of this thesis.

Social Support from the Partner

This thesis deals mainly with social support from the partner. As reported in the introduction, the spouse is of primary importance compared to other sources of support. Moreover, the life partner is also particularly affected by the re-entry, because women not only have to (re)adapt to their work roles, but their family life also has to be reorganized, especially after short leaves when the children are still young. Furthermore, Bronfenbrenner suggests “if one member of a dyad undergoes developmental change, the other is also likely to do so” (Bronfenbrenner, 1979, p. 65). Bodenmann proposes a model of “dyadic coping” that might be relevant in this context (Bodenmann, 1995a, 2000, 2004a, 2004b, 2005). He provides a theoretical framework for couples’ coping with stress that expands transactional stress theory (e.g., Lazarus, 1999; Lazarus & Folkman, 1984) to the dyad. Transactional stress theory is at least implicitly the theoretical background of some studies on social support (e.g., Bolger & Amarel, 2007; Coyne & Smith, 1991; Dunkel-Schetter & Skokan, 1990). According to this theory, stress arises if the demands of the environment load or exceed the individual’s coping possibilities, provided that the context is evaluated as meaningful for the individual’s well-being (Lazarus & Folkman, 1984). Whether stress occurs depends on cognitive appraisals of the situation and of coping. “Dyadic stress” refers to stress that affects both partners in a couple, not necessarily synchronously, but within a certain time frame (Bodenmann, 1995b). Interdependence of spouses, their common concerns and mutual goals stimulate joint coping efforts via a stress communication process, including the exchange of stress appraisals. Hence, “dyadic coping” takes place in addition to individual coping efforts and/or supportive interactions with other people outside the dyad if both partners experience stress and want to manage the situation together (Bodenmann, 2005). Thus, the model is

relevant for partner support in this thesis if the male partner experiences stress due to his spouse's work re-entry and also wants to manage the return jointly. We do not know about that, but post-hoc analyses reveal that, on average, partners endorse women's return to work ($M = 5.21$, $SD = 0.64$; the scale ranges from 1 to 6, with 6 being the strongest endorsement) to a greater extent than women thought they would (cf. partner's assumed attitude in Part I; $F [1, 203] = 4.96$, $p < .05$, $\eta^2 = .02$). Furthermore, men's couple-related self-efficacy beliefs are higher than women's ($F [1, 203] = 7.44$, $p < .01$, $\eta^2 = .04$). Hence, the context of this thesis, i.e. return to work, indeed seems to elicit dyadic stress and coping and the model should be relevant.

What happens once dyadic stress and coping are elicited? Bodenmann (2005) differentiates *negative* dyadic coping (hostile, ambivalent, and superficial dyadic coping) and three forms of *positive* dyadic coping: (1) *Supportive dyadic coping* means assisting the other partner in his or her coping efforts and includes helping with daily tasks, understanding, or advice. (2) In *common dyadic coping* both partners experience stress and deal with it by joint coping including joint problem solving or relaxing together. (3) In *delegated dyadic coping* one partner is directly asked to provide support, thus, support is mobilized. Overall, dyadic coping is a broader concept that includes social support as *one* of its forms, namely supportive dyadic coping. Moreover, dyadic coping is not altruistic but an effort by both partners to assure the well-being of the other (Bodenmann, 2005).

Thus, this model provides a framework in which support by the partner, as conceptualized in this thesis, can be integrated. Nevertheless, this thesis focuses on *types* of support that are not included in Bodenmann's model. They should be integrated, because types of support have differential impacts on well-being. Moreover, social support does not always enhance well-being, but rather the same supportive behavior can have positive and/or negative consequences (cf. Part II), without necessarily being hostile, ambivalent or

superficial, as conceptualized by Bodenmann. Among other things this depends on types of support and the timing in a transition, possibly also on support providers. Bodenmann considers timing in the “stress-coping cascade”, in which individual coping efforts and support from sources other than the partner are conceptualized as separate contributors to coping in couples: After stress occurrence, individual coping efforts are elicited before dyadic coping sets in, followed by social support from other sources and finally from professionals (Bodenmann, 2005). This temporal perspective, however, does not imply a different impact of support depending on timing, as was assumed and found in this thesis. Moreover, the influence of different sources might not kick in later but could also precede individual coping efforts.

Thus, whereas Bodenmann’s model of dyadic coping might be applicable to social support from the partner in the context of this thesis, it has a different focus (including negative dyadic coping) and the assessment of social support, which is only *one* aspect of dyadic coping in the model, is more fine-tuned in our studies. The dyadic coping model could be enlarged by including different types of support, a further temporal perspective and also the *interplay* of individual and dyadic coping instead of separate mechanisms. I will discuss this latter idea in more detail in the subchapter “The Interplay of Personal and Social Resources”.

Gender Differences in Social Support

All parts of this thesis include only women as support recipients. Previous research, however, has found gender differences in social support. Not only do women have a greater number of close relationships and bigger social networks than men in general (e.g., Laireiter & Baumann, 1992; Weidner, 2000), they also report more support providers, more received support, more positive *and* negative interactions and provide more support to others than men do (e.g., Coriell & Cohen, 1995; Glynn et al., 1999; Klauer & Winkeler, 2002). In contrast,

men usually name their spouse as their only intimate confidant (Schwarzer et al., 2003). Women receive less support from their spouses than vice versa – the so-called “Support-Gap Hypothesis” (cf. Belle, 1982; Cutrona, 1996b). Furthermore, women seem to benefit more from support than men do (Acitelli & Antonucci, 1994; Perrewé & Carlson, 2002). For example, in a study by Knoll and Schwarzer (2002), social support was related to decreased health complaints in women but not in men. In particular, support from other women might be more beneficial to women (Mickelson, Helgeson, & Weiner, 1995; Uno, Uchino, & Smith, 2002). Yet, whether women benefit more from support than men do seems to depend on the life domain, because the situation appears to be different in the workplace (Bansal, Monnier, Hobfoll, & Stone, 2000; Baruch, Biener, & Barnett, 1987; Geller & Hobfoll, 1994). Men report that they benefit more from co-worker support and women more from partner support (Elliott, 2003; Roxburgh, 1999). In terms of social relationships in general, compared to divorced men, for example, married men have a lower mortality risk, which was not so pronounced in women (Tucker, Schwartz, Clark, & Friedman, 1999). There are also gender differences in support agreement, depending on whether men or women are support providers and/or recipients (Coriell & Cohen, 1995), and in support provision over time (Belle, 1982; Gurung et al., 2003).

Consequently, results could be different for other dyads, for instance a male recipient and a female provider as in fathers’ return to work after paternity leave. Support from his wife might, for example, have a lesser impact on a man’s affective well-being compared to the results of Part II. Furthermore, support by supervisor and co-workers might be more important for men. Yet, it would probably be difficult to find a sample of fathers that is big enough in the German-speaking countries. Thus, as long as it is not common for men to take a paternity leave focusing on women is the only realistic perspective. To investigate whether

our results were the same for men one had to examine other transitions with male recipients and female providers. This, however, would not directly be comparable to our design.

Integration into the Transition Cycle

Return to work – as a transition phase – is similar to other professional transitions. Nevertheless, a feature of return to work after maternity leave is that it affects work and private life to a large extent. The question is, therefore, what is common and what is unique in this phase in comparison with other professional transitions and, what are the consequences for future research. In the following pages, I will examine whether this transition is in line with a phase model, developed for work role transitions.

Nicholson (1984, 1991; Nicholson & West, 1988) developed the model of the *transition cycle* for changes in the work role. It might apply to the present thesis, as return to work after maternity also implies role changes: women re-enter working life as “working mothers” and their return to work might also involve changes in their tasks, depending on the length of leave.

The main focus of Nicholson’s model lies on psychological processes that play a role in one of four phases: preparation, encounter, adjustment, and stabilization. Phases are not considered to be strictly separable, rather they merge into each other and individuals can “fall back” into previous phases. Although they are interdependent, each phase has its own specific tasks. It is not the aim of the model to determine rigid time frames for all individuals, rather to find experiences and problems that have to be solved by most at one point or another in the transition in the optimum order.

(1) The *preparation phase* is characterized by preparation and anticipation of the transition. “Psychological readiness” is the main issue, and appropriate expectations play an important role. In the study on return to work after maternity leave, this phase is covered by the first measurement point, two weeks before re-entry. As shown in Part I, couple-related

self-efficacy beliefs in this phase, which might be interpreted as optimistic expectations regarding job re-entry, predict a smaller discrepancy between provided and received social support from the partner later on. Women with higher self-efficacy beliefs more likely receive the support their partners provide, and, as demonstrated in Part II, received emotional support from the partner is generally associated with higher positive affect. Yet, received *informational* support in the preparation phase is positively associated with *negative* affect. Thus, advice might not be wanted before the actual re-entry and might not improve “psychological readiness”. Unfulfilled emotional *and* informational expectations, however, increase negative affect – so maybe, if women do want advice but do not get it, they are disappointed. Thus, in line with the predictions of the model, expectations in the preparation phase play an important role for satisfaction with social support before and after re-entry.

(2) *Encounter* refers to the first few days and weeks in a new role that might be characterized by a “reality shock” depending on how appropriate the expectations in the preparation phase were. This implies that unfulfilled expectations might be particularly influential in this phase, when individuals have to cope with their new role. Social support from the workplace and private environment is particularly important, especially “structured feedback”, i.e., informational support in the sense of this thesis (Nicholson & West, 1988). Regarding the study on return to work after maternity leave, the second measurement point two weeks after job re-entry, analyzed in Part II, might apply, although this has to be verified in future analyses: The larger project on women’s return to work also included assessments of their self-evaluated transition progress that can be related to Nicholson’s phases in future research. Regarding the topic of this thesis – social support – Part II has shown that at this time, received social support from the partner is again associated with well-being. The findings do not all point in the same direction, however, because *instrumental* support is actually positively associated with *negative* affect. This might be one example of the

“threatening” quality of social support, and, speculatively, particularly for those women with traditional gender role attitudes who expect to retain the main responsibility for household and childcare despite working (cf. Rosenbaum & Cohen, 1999). In addition, in our study received social support from the partner *decreases* directly after return to work, and informational support from the partner has no impact on well-being, although it is assumed to be particularly important according to the transition cycle. According to the transition cycle, this should not be the case – at least for informational support from the work environment. To sum up, the results of this thesis suggest that the encounter phase is associated with both changes in the amount of received support and changes in the consequences of different types of support for well-being. Further research should particularly address why some types and sources of social support are more helpful than others.

(3) In the *adjustment* phase, a “mental map” of tasks and the work environment has already been developed and adjustment to the new role and social integration into the workplace – “fitting in” – is the major task (Nicholson & West, 1988, p. 11). Reactive and/or proactive adjustment strategies are needed to accomplish adjustment. This phase is consistent with “organizational socialization” described by other authors (Nicholson & West, 1988). Regarding the findings of this thesis, the third measurement point two months after return to work might tap into this phase. Interestingly, the interplay of social support from the partner and affective well-being changed by this time point: Still, received social support, particularly emotional support, predicts higher well-being. Nevertheless, fulfilled expectations also become more important to predict well-being. If the spouse fulfilled the expectations women listed one month after re-entry, women experienced more positive and less negative affect two months after re-entry. Disappointed companionship support expectations for the first time consistently impair affective well-being. Thus, it seems that the adjustment phase is a phase of consolidation of the expected social support from the partner. The re-entering

woman, establishing her “mental map”, might have by now developed clear beliefs about the kind of support that she needs. If this expectation is not fulfilled, it leads to negative consequences for her well-being. Moreover, the fact that disappointed companionship expectations gain importance could imply that quality time is getting more important to her – maybe due to a more structured timetable or the need to balance work and family life. Further research should test these hypotheses.

Proactive adjustment strategies were not part of this thesis. For example, time management skills or proactive socialization tactics might improve adjustment and make social support less necessary for well-being. The interplay of personal and social resources will be discussed in the next subchapter.

(4) *Stabilization* is characterized by minor adjustments and maintaining valued elements of the role. During this phase, individuals prepare for the next transition. If transitions of high complexity follow each other, stabilization might never occur (Nicholson & West, 1988). Part III dealt with the work-family conflicts of mothers who were already working and might tap into this phase, although the adjustment phase might also apply. Work-family conflicts emerge if employees cannot coordinate their work and family lives successfully and at least minor adjustments are still necessary. Social support from the partner, supervisor, and co-workers has been shown to reduce work and family strain, thereby influencing work-family conflict. Moreover, questionnaire and diary data led to different results. To sum up, social support from different sources in the stabilization phase helps in coordinating work and family life, thus contributing to minor adjustments. This research could be expanded on by investigating types of support from different sources: Instrumental support could, for example, be more beneficial for coordinating work and family life, whereas informational support might increase distress without affecting stressors.

Overall, the results and measurement points of this thesis can be compared with and integrated into Nicholson's transition cycle, particularly regarding temporal placement, but phases have to be verified in future research. The transition cycle is helpful for the integration of results into a broader framework and for identifying phase-specific tasks and influences. As discussed before, influences of support on well-being are time-dependent. The return to work requires adjustment to a new situation including new roles and – as the transition cycle assumes – also requires another set of tasks to be solved and different types of social support from different sources.

Whereas this thesis only focuses on well-being and work-family conflicts as subjective indices of transition success, social support could also influence other indicators of adjustment, for example women's social integration or work performance – self-evaluated or evaluated by third parties. Data from the longitudinal study could be analyzed in this regard. As considered in the adjustment phase of Nicholson's model, women's own social cognitive and life management strategies influence their transition success and well-being. A further study should include both personal and social resources and investigate main effects on these different criteria of transition success *and* the interplay of personal and social resources. I will elaborate on this interplay in the following paragraphs.

The Interplay of Personal and Social Resources

In Bodenmann's model, dyadic coping, individual coping and social support from persons other than the partner are independent contributors in the "stress-coping cascade" (Bodenmann, 2005). In contrast, social support can also be conceptualized as a social coping resource that is interrelated with personal resources (Hobfoll et al., 1990). Thus, the recipient's coping efforts and social support mutually influence each other: On the one hand, the *Enabling Hypothesis* states that social support facilitates coping capabilities (Benight & Bandura, 2004), for instance by encouraging an individual to face challenges or, more

generally, by enhancing self-efficacy (Schwarzer & Knoll, 2007). Indeed, studies have found that social support increases self-efficacy (e.g., Rees & Freeman, 2009).

On the other hand, the opposite might be true: Self-efficacy might also increase and maintain social support, which is called the *Support Cultivation Hypothesis* (Schwarzer & Knoll, 2007). Women with many personal resources also have more social resources and better skills to use them effectively. People who are perceived as generally capable of solving their own problems receive more social support in times of stress (e.g. Hobfoll & Stokes, 1988). Unsuccessful coping efforts might also lead to feelings of helplessness in others and consequently to their withdrawal (e.g., Silver, Wortman, & Crofton, 1990). Luszczynska, Gerstorf, Boehmer, Knoll, and Schwarzer (2006) demonstrated that provided support by the partner of cancer patients can be predicted by patients' coping. "Accomodative coping", which is characterized by low levels of active problem-oriented strategies but high levels of acceptance and humor, elicited least support provision; "assimilative coping", which is characterized by active strategies and reframing, elicited most support. Theses hypotheses and findings show that coping and social support influence each other and should be investigated together. Furthermore, it might be fruitful to examine how they *interact* to predict well-being. The *Substitution Hypothesis* states that different resources that fit environmental demands can substitute each other (Hobfoll, 2002; Hobfoll & Stokes, 1988). If personal and social resources are both applicable in a certain stressful situation, however, individuals should use the personal resources to maintain control over the situation and avoid the aforementioned costs of support acceptance. This is in line with Bodenmann's stress-coping cascade (Bodenmann, 2005). In this case, social support should only be effective for individuals lacking the necessary coping skills. Young, Baltes, and Pratt (2007) provided evidence for this assumption showing that individuals with low self-management competencies benefited more from social support from the supervisor when it came to

reducing work stress than individuals with high self-management strategies. Thus, not only do coping and social support enhance and maintain each other as shown for self-efficacy, but they also seem to interact to predict well-being and health. Future studies should investigate in more detail how different forms of self-management and coping (e.g., goal setting, time planning, and self-efficacy) interact with social support to predict well-being.

Consequently, a comprehensive model of social support should not only integrate individual coping efforts and social support, but should also consider different types and sources of social support, because their impact differs, as shown in Parts II and III. A temporal perspective, requiring longitudinal designs, should also be included, as the influence of social support differs across time. Part III demonstrated different findings depending on the level of analysis – cross-sectional questionnaire or diary data. Micro-longitudinal diary data assess short-term judgments of daily life experiences in a more natural context and give a picture of dynamic aspects of social relationships and intra-individual changes over time (cf. Bolger et al., 2003; Laurenceau & Bolger, 2005; Williams & Alliger, 1994).

Conclusion

Overall, this thesis contributes to the knowledge on social support and its interplay with well-being and also to the knowledge on the transition back to work after maternity leave. This transition has been largely overlooked by psychological research and this thesis has shown that social support predicts well-being, which can be considered a subjective indicator of a successful transition. Different self-reports were used: cross-sectional and longitudinal questionnaire and diary data and also a third party assessment from the support provider. These different measures and different time perspectives are clearly a strength of this thesis.

Relating the concept of received social support to provided social support and predicting the discrepancy improved our understanding of support agreement: Couple-related

self-efficacy beliefs in respect of the transition predict whether provided support will be reported as received one month after return to work. To my knowledge, transition-specific beliefs have not been investigated in this context to date. This thesis demonstrates that spousal support has a positive impact on affective well-being during the transition back to work, and that it is worthwhile to examine types of support in a longitudinal design: They have a differential *and* time-dependent impact on well-being, as there are even negative associations with well-being when support is given at the wrong moment. The longitudinal design also revealed that received support decreases directly after re-entry, contrary to expectations. In addition, this thesis has shown that fulfilled and unfulfilled support expectations, which are generally neglected in support research, have an additional influence on affect at certain times during re-entry. Companionship expectations seem to be particularly important and should be included in future research. This thesis also contributes to clarifying inconsistent results regarding the interplay of social support and work-family conflicts, showing that the antecedent model of support is confirmed in a study with working mothers whereas the buffering model clearly is not. Furthermore, the study highlighted the importance of using questionnaire and micro-longitudinal diary data: They assess different levels of experience and lead to different results. Differentiating four sources of support is a strength of this thesis, because it showed that different types of support are not associated with well-being in the same way.

Regarding practical implications, counselors and supervisors advising working mothers or women planning to return to work after maternity leave could advise women to convince their private and work environments of the job re-entry because social support from different sources is related to their well-being and to work-family conflicts during the transition and afterwards. Moreover, their self-efficacy beliefs should be encouraged so that women receive the support that is provided to them. Although implied by the design of the

study, this implication is only speculative because in our study both self-efficacy beliefs and provided support were only assessed once so that one cannot say whether self-efficacy predicts the provided-received discrepancy or vice versa. In addition, counselors could help women to generate realistic support expectations and to communicate them to their support providers. Unfulfilled expectations are associated with decreased affective well-being during the transition. Furthermore, it is important to consider sources of support. For example, co-workers might influence daily hassles at work, thereby lessening work-family conflicts and probably also other indicators of transition success.

Future analyses should verify existing models of other work-related transitions with data on job re-entry after maternity leave. It would also be interesting to compare results with another sample: working fathers after paternal leave, as described above. In addition, future research should maintain the methodology of collecting longitudinal questionnaire and diary data to picture different levels of experience. However, as a limitation of this thesis is the lack of true dyadic data, future studies should collect assessments of provided and received support for both parties of a couple over time. There is a need for more complex, dynamic, interactional models of social support, which include different types and sources of social support from a temporal perspective. Objective measures of social support, such as observations and third party assessments of transition success, would complete the picture.

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ZUSAMMENFASSUNG

Menschen brauchen soziale Beziehungen, um ihr grundlegendes Bedürfnis nach Bindung und Anschluss zu befriedigen (Baumeister & Leary, 1995; Bowlby, 1980; Harlow, 1958). Nicht nur häufige Kontakte und die Einbindung in ein soziales Netz sind wichtig, sondern auch das Gefühl, dass andere sich sorgen (Baumeister & Leary, 1995). *Soziale Unterstützung* betrifft Letzteres, die qualitative Ebene sozialer Beziehungen. Soziale Unterstützung führt zu besserem Wohlbefinden, besserer Gesundheit und einer höheren Lebenserwartung (z. B. Cohen & Wills, 1985; House, Landis et al., 1988; Uchino et al., 1996). Doch die Konsequenzen sozialer Unterstützung sind nicht immer nur positiv, ihre Wirkmechanismen komplex und ihre Determinanten teilweise noch ungeklärt. Ein Ziel dieser Arbeit ist es, das Konzept der *erhaltenen Unterstützung* besser zu verstehen und zu beleuchten, wie sie mit affektivem Wohlbefinden und Beruf-Familie Konflikten zusammenhängt. Weil ausserdem bekannt ist, dass soziale Unterstützung zeitabhängig wirkt, also beispielsweise abhängig davon, ob Menschen gerade akuten oder chronischen Stress erleben (z. B. Bolger et al., 2000; Kaniasty & Norris, 1993, 1996), wird sie deshalb im Kontext einer Transition betrachtet, nämlich des beruflichen Wiedereinstiegs von Müttern nach einer familienbedingten Erwerbsunterbrechung. Da der erste Arbeitstag planbar ist, können einerseits Zusammenhänge vor und nach dem Wiedereinstieg untersucht werden, andererseits ist für alle Frauen mindestens zeitlich vergleichbar, wie weit sie in der Transition schon fortgeschritten sind. Diese Arbeit gliedert sich in drei Teile, die verschiedene Fragen behandeln.

In *Teil I* geht es um ein besseres Verständnis erhaltener Unterstützung. Fragt man Empfänger und Geber sozialer Unterstützung nach konkreten Unterstützungsleistungen innerhalb eines bestimmten Zeitraumes, so hängen diese Angaben erhaltener und gegebener Unterstützung nur moderat miteinander zusammen (z. B. Burkert et al., 2006a) und es ist

noch weitgehend unklar, welche Merkmale eine Diskrepanz dieser Angaben vorhersagt. Anhand von Fragebogendaten von 207 Wiedereinsteigerinnen und ihren Partnern werden drei Determinanten aus der Sicht der Empfängerin untersucht: ihre Persönlichkeitseigenschaften (Big Five), die Beziehungsqualität, sowie ihre Beziehungsüberzeugungen in Bezug auf den Wiedereinstieg. Letztere umfassen zwei Konzepte, die für die Studie entwickelt wurden: die Einstellung des Partners zum beruflichen Wiedereinstieg aus der Sicht der Frau und ihre paarbezogenen Selbstwirksamkeitsüberzeugungen hinsichtlich des Wiedereinstiegs, also ob sie glaubt, mit vereinten Kräften die Berufsrückkehr meistern zu können. Entgegen den Erwartungen hängen die Persönlichkeitseigenschaften der Frau nicht mit dem Diskrepanzmass zusammen. Eine höhere Partnerschaftszufriedenheit sagt hingegen eine geringere Diskrepanz vorher – allerdings nur, wenn nicht zugleich Selbstwirksamkeitsüberzeugungen in die Analysen mit einbezogen wurden: Ausgeprägte paarbezogene Selbstwirksamkeitsüberzeugungen zwei Wochen vor dem Wiedereinstieg sagen – als einzig signifikanter Prädiktor – eine geringere Diskrepanz einen Monat nach dem Wiedereinstieg vorher.

Teil II beleuchtet, wie emotionale, instrumentelle, informationale und so genannte companionship Unterstützung durch den Partner mit positivem und negativem Affekt der Frau beim Wiedereinstieg zusammenhängen. Ferner wird untersucht, ob bestätigte oder enttäuschte Erwartungen an diese Unterstützung darüber hinaus zur Vorhersage beitragen. Dazu wurden Fragebogenangaben der Frauen zwei Wochen vor ihrem Wiedereinstieg, einen Monat und zwei Monate danach analysiert. Erhaltene Unterstützung hängt mit erhöhtem affektiven Wohlbefinden beim Wiedereinstieg zusammen, allerdings abhängig vom Zeitpunkt in der Transition. Emotionale Unterstützung hat dabei von allen Unterstützungsformen den stärksten Einfluss. Erwartungen an die Unterstützung tragen

ausserdem zur Vorhersage des affektiven Befindens der Frau bei und scheinen im Zeitverlauf wichtiger zu werden.

In *Teil III* wird untersucht, ob und auf welche Weise soziale Unterstützung durch verschiedene Quellen, nämlich durch den Partner, die Familie, Vorgesetzte und Arbeitskollegen, mit Konflikten zwischen Beruf und Familie zusammenhängt. Es werden Fragebogendaten von 107 berufstätigen Müttern analysiert sowie Tagebuchangaben einer Substichprobe von 69 Müttern. Zwei theoretische Modelle werden überprüft: erstens ein Antezedenzmodell, in welchem soziale Unterstützung nicht direkt auf Beruf-Familie Konflikte wirkt sondern vermittelt über die Beanspruchung durch Beruf und Familie, zweitens ein Moderatormodell, in dem soziale Unterstützung abhängig von der erlebten Beanspruchung auf die Konflikte wirkt, also die vorhandene Korrelation zwischen Beanspruchung und Konflikten schwächt. Die Ergebnisse bestätigen teilweise das Antezedenzmodell, während sich für das Moderatormodell keine Belege finden. Fragebogen- und Tagebuchangaben führen zu verschiedenen Resultaten.

Eine umfassende Diskussion integriert die Ergebnisse der drei Teile und liefert Ideen für künftige Forschung.

APPENDIX

Fragebogen zur sozialen Unterstützung durch den Partner

Nachfolgend geht es um die Unterstützung in Ihrer Beziehung. Es werden einige Beispiele genannt, wie ein Partner seine Partnerin unterstützen kann. Bitte denken Sie nun an *die letzten zwei Wochen* und kreuzen Sie an, was für Sie zutrifft.

	nie	selten	manch- mal	oft	sehr oft
a) Emotionale Unterstützung der letzten zwei Wochen	1	2	3	4	5
Er gab mir das Gefühl, wertvoll und wichtig zu sein.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er drückte seine Sorge um mein Wohlbefinden aus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er zeigte mir seine Zuneigung.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er ging auf mich ein, wenn ich über meine Gefühle sprach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er hörte mir zu, wenn ich jemanden zum Reden brauchte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wenn ich mich schlecht fühlte, nahm er mich in den Arm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er zeigte grosses Verständnis für meine Sorgen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er versuchte, mich zum Lachen zu bringen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	gar nicht hilfreich				sehr hilfreich
	1	2	3	4	5
Alles in allem: Als wie hilfreich haben Sie die obigen Verhaltensweisen Ihres Partners erlebt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entsprach das Ausmass dieser *emotionalen* Unterstützung Ihren Wünschen?

ich wünschte mir weniger emotionale Unterstützung ☐ ☐ ☐ | ☐ | ☐ ☐ ☐ ich wünschte mir mehr emotionale Unterstützung

	nie	selten	manch- mal	oft	sehr oft
b) Praktische Unterstützung der letzten zwei Wochen	1	2	3	4	5
Er erledigte Sachen für mich, wenn ich viel zu tun hatte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er erledigte Aufgaben im Haushalt und bei der Kinderbetreuung.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er hielt mir den Rücken frei, wenn ich Zeit brauchte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er kümmerte sich um viele alltagspraktische Dinge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er organisierte externe Hilfen, z.B. Babysitter/Verwandte als Kinderbetreuung.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er half mir bei Dingen, die ich zu erledigen hatte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	gar nicht hilfreich				sehr hilfreich
	1	2	3	4	5
Alles in allem: Als wie hilfreich haben Sie die obigen Verhaltensweisen Ihres Partners erlebt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entsprach das Ausmass dieser *praktischen* Unterstützung Ihren Wünschen?

ich wünschte mir weniger praktische Unterstützung ☐ ☐ ☐ | ☐ | ☐ ☐ ☐ ich wünschte mir mehr praktische Unterstützung

	nie	selten	manch- mal	oft	sehr oft
c) Unterstützung durch Vorschläge und Informationen					
der letzten zwei Wochen	1	2	3	4	5
Er zeigte mir Möglichkeiten, meine Situation auch positiv zu sehen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er machte mir Vorschläge, was ich angesichts der Situation tun könnte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er berichtete mir darüber, wie andere Menschen mit ähnlichen Schwierigkeiten zurechtkommen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er bestärkte mich darin, dass das, was ich tun wollte, richtig ist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er sagte mir, was er in einer ähnlichen Situation machen würde.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er nannte mir Gründe, die für oder gegen ein bestimmtes Vorhaben sprachen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	gar nicht hilfreich				sehr hilfreich
	1	2	3	4	5
Alles in allem: Als wie hilfreich haben Sie die obigen Verhaltensweisen Ihres Partners erlebt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entsprach das Ausmass dieser Form der Unterstützung durch *Vorschläge und Informationen* Ihren Wünschen?

ich wünschte mir weniger Vorschläge/Informationen ☐ ☐ ☐ | ☐ | ☐ ☐ ☐ ich wünschte mir mehr Vorschläge/Informationen

	nie	selten	manch- mal	oft	sehr oft
d) Unterstützung durch gemeinsame Unternehmungen					
der letzten zwei Wochen	1	2	3	4	5
Er organisierte gemeinsame Unternehmungen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er versuchte, mich durch schöne, gemeinsame Aktivitäten abzulenken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er verwöhnte mich durch Zärtlichkeiten oder angenehme Berührungen (z.B. Massagen).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er organisierte etwas, mit dem ich mich erholen konnte.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er führte mich aus (z.B. in ein Restaurant, Kino, Theater).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er organisierte gemeinsame Treffen mit Freunden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	gar nicht hilfreich				sehr hilfreich
	1	2	3	4	5
Alles in allem: Als wie hilfreich haben Sie die obigen Verhaltensweisen Ihres Partners erlebt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entsprach das Ausmass dieser Form der Unterstützung Ihren Wünschen?

ich wünschte mir weniger Organisation gemeinsamer Aktivitäten ☐ ☐ ☐ ☐ ☐ ☐ ☐ ich wünschte mir mehr Organisation gemeinsamer Aktivitäten

Hat Ihr Partner in den letzten zwei Wochen sonst noch etwas getan, durch das Sie sich unterstützt gefühlt und das Sie als besonders hilfreich empfunden haben? Falls ja, haben Sie hier die Möglichkeit, es aufzuschreiben.

__*Ende des Fragebogens*__

